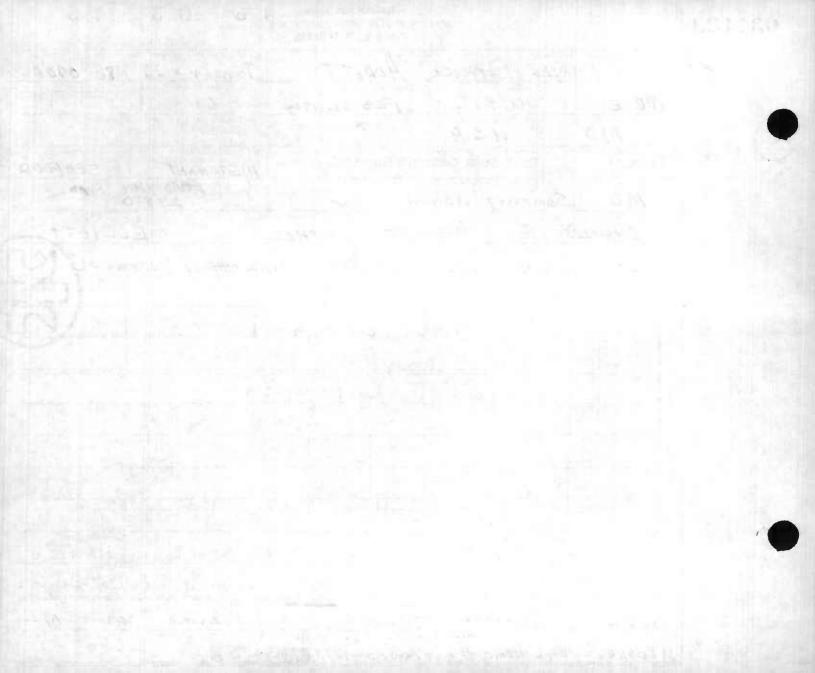
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MARKET SHEET STATE OF THE STATE OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

NO		-		-	
	NO			3)1	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	01
1. DECEASED NAME FIRST C	WIDDLE	LAST	20 DATE OF DEATH M	SONTH DAY YEAR 26 HOUR
Grace A	Adams		100000	1 24 86 6:30
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
female	white	Apr. 13. 1897	88	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	COUNTY OF DEATH
Virginia	USA	WIDOWED DIVORCED	Wicomic	M
	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET /Salisbury Nur		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF retired	
		VN 13d. INSIDE CITY LIMITS? VES T NO		ZIP CODE 2/85/ Warket Street
	MIDDLE	15 MOTHER'S MAIDEN N	WIDDLE	LAST
Jesse	Lee Cowgo		n	Kerr
O WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES]		Route #3	1. Box 258
Conditions, if any, which gave rise to immediate cause ia , stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO OR AS A CONSEQUE	0	MINAL DISEASE OR COND	ITION GIVEN IN PART To
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \left\)
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	
NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE F		CITY OR TOW	N COUNTY STATE
220 I certify that (1) (this haspit size the secensed alive an approximately did not the second size of the	who the body offered the	DEGREE ATTENDING	MEDICAL STAFF	e and have and fram the causes stated
230 BURIAL CREMATION REMOVAL	23b DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	
Burial	1/26/86 F	irst Bantist Cer		WORDOOT Md

DHMH - 16 60M 7/B4

(VRA 15, 4)

Scotts mulson

Pocomoke City, METB 03 1386

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STATE OF MARYLAND

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1 75+	1. DES	EASED NAME FIRST	LN E	BAL	LARD	1/2918	ONTH DAY YEAR	26 HOUR 3			
the post	1.5E)	F	1 RACE BLE	5. DATE OF BIR	TH DAY - O'F AR	6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER I YEAR				
10 Sept 10 Sep		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	MICO	MD			
70	n.c.	SALISBUY	11. NAME OF HOSPITAL, NURS		ANDY NH	120 USUAL OCCUPATION (TYPE OF SPECIFICATION C.S.)	OR/INCRLIFE) 12b. KIND INDUSTR	OF BUSINESS OR			
(1983	USU/ Use S		E OR OTHER INSTITUTION GIVE RESIDENCE FOR DUNITY 136 CITY ON TO	AND 13d	INSIDE CITY LIMITS?	130 STREET ADDRESS Z	1P. CODE 63	21811			
11199	7 "	THER'S NAME FIRST IN KNO	MIDDLE LAST	15 A	COTHER'S MAIDEN NA	ME MIDDLE	ridde	LU			
1 X D		VAS DECEASED EVER IN U.S. EES, NO OR UNKNOWN) (1F YES.	ARMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17	ertha Pi	hillips ADDRESS	ESALISE SALISE	rside L			
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e for regains the	CERTIFICATION	PART 2 OTHER SIGNIFICAN	or conditions contributing to	ondno 17	lana	200 AUTOPSY? 2	TION GIVEN IN PART 10b. IF YES, WERE FINI N CERTIFYING CAUS YES	DINGS USED			
CLAN TO Physics of the Clan To Physics of the Physi	11-32-11	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH		HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2	n			
O Perroding ord Ass ked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHAT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		LOCATION	CITY OR TOWN	COUNTY	STATE			
TTENDER pinel or 1 TOR Att for use or of Health		22a. I certify that (I) (this ho saw the deceased alive	ospital) attended the deceased fram		at ir (my (our) apinion	death occurred on the date	. 17	. that (1) (we) last he causes stated			
At DR At DR At DR At DR At DR At DR At THE AT		22b SIGNATURE	363. Valu	DEGR	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		TE SIGNED			
O HOSPIT Prointed by TO FUNER Phold be with the Str		22d. PHYS ILM'S NAME (TY	PE OR PRINT)	22e	ADDRESS						
BP	73a. f	BUTIAL	236 DATE 236 236	NAME OF CEMET	PERY OR CREMATORY AME	BEILIN) Clorc	· Nd,			
DHMH - 16 60M 7/84 (VRA 15, 4)	il	offey Men	novial Chapel	MISBU	14, M FE	_	registrar's sign	ATURE - Randelle -			

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STATE OF MARYLAND

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١	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.											
1		CEASED NAME OR PRINT)	JOSE P		J.	Ro	(BEAUCHAMP)	DOLLU OF DEATH		1986	A G (SM				
	3. SEX	0		4 RACE		5 DATE C	OF BIRTH	6. SE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS				
	,	Male		Whi		Sept	22, 1908	YRS	MONTHS DATS	HOURS MIN					
2	a. BIF	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH					
Z		Mryland			5.A.	WIDOWE	D DIVORCED	Wicomico			MD				
7		ty or town of DEA lisbury,	MD	(IF NOT IN SUC	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Manager					E) INDUSTRY	r Co.				
1	1	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFORE		nospitai	Manager		12000.	1 000				
5	IJa S		Sobe		Crisfie			409 Myrtl	ZIP CODE	(2181	7)				
2	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	1				
U		John			Beauch	amp	Frances			Pole	yette				
2	LY	VAS DECEASED EVER		E WAR OR DATES	217-03-0		me as	13 a,b,c,d,e							
		IN CALISE OF DEAT	H Entry on	lu ana causa nas				•			IMATE INTERVAL ONSET AND DEATH				
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	NO.	SIP	ZVA												
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?				
_	ERT	210. ACCIDENT WAS UNE	DERLYING [216 TIME O	F IN IURY		21c. HOW INJURY OCCURE	YES NO	YE!		ио 🗌				
1	100	OR CONTRIBUTING	CAUSE OF DEA	in .	M. MONTH DA			, content of the							
	MEDICAL	(IF EITHER NOTIFY MEDI		21e PLACE		19	211 LOCATION								
	ME	WHILE NOT WE		LAT HOME STE	REET, FACTORY OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE				
		220 I certify that				500	- 25 , 19 PS	, ta	3		that (we) last				
		saw the decease above, (Ir (we) (ed alive on did) (did 110	7 view the body	ofter death,	8.6 al	nd that in (my) (aur) apinion (death accurred an the do	ote and have	and from the	causes stated				
		22b. SIGNATURE			, ,	1	DEGREE	MEDICAL STAI	c	22c. DATE	SIGNED				
_		Den	No	29	Lodnie	kr		DIRECTOR □ PHYSIC	IAN 🗌	1-3	3-86				
1		22d PHYSICIAN'S NA	AME (TYPE O	P II		,	22e ADDRESS LUCU	STAQUING	1	1 7/16	61				
		DENNIS	J	LH	DNICK	1	JAL	15BURY	127	. 2/80					
		BURIAL, CREMATION, SPECIFY) Buria		1/5/8			EMETERY OR CREMATORY	Crisfiel	a S	omerset	Md IATE				
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DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR
Bradshaw & Sons

Crisfield, Md. 21817

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE	DEPA		TH AND MENTAL H	YGTENE	0 3	1 3	3
	REGISTRAR			IE OF DEATH		. NO.		
	DECEASED NAME FIRST	WIDDIE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
L	0156111	J.	BLA	LUCK	JANUA	RV26	1986	0800 M
3	SEX	4 RACE	5 DATE OF BIE	RTH	6 AGE (IN YEARS LAS	-	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
1	MALE	WHITE	9-	29-20	605	YRS.	WINS DATS	HOURS MIN.
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	OF DEATH	
L	N.C.	USH	WIDOWED [DIVORCED [Wicomico			MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OT	HER INSTITUTION	12a USUAL OCCUP		126 KIND O	F BUSINESS OR
18	Salisbury	Peninsula Gen	eral Hosp	ital "	SALES	ST OF WORKING EIRES	NOUSTRY,	R
	SUAL RESIDENCE (IF NURSING HOME OR IS STATE		OWN / 13d	INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	Auc	7,80
14	FATHER'S NAME	MIDICI		MOTHER'S MAIDEN I	NAME	Marie	1715	0101
	OSCAR J.	BLALOCK, S	2	LIKELIE	E HUR	LEY	LAS1	
16		MED FORCES? 166 SOCIALS E WAR OR DATES)	Y-8552	NEORMANT NEORMANT	Bearne	DRESS OF	a.A.	Ma
=	100	7.70		XXV144	WEHLDE	e oca	HACIT	4/11/10,
П	PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b)	and ic-	. +			BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIAT	E CAUSE (a)	wa vyv	sr.				
Е		DUE TO, OR AS A CONSE	OUENCE OF	n 1.	ot 1. 1	1		
	Canditions, if any, which gave rise to immediate	(b) WAGE Y	miciel	manunan	w upmy	mme	-	
ı	cause (a), stating the underlying cause last,	DUE TO, OR AS A CONSE	OUENCE OF	3			1.00	
		(c)					1	
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN	N IN PART 1:a	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, \	WERE FINDIN	IGS USED
l ja					YES TO NOT	_	NG CAUSES	OF DEATH?
9	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	210	HOW INJURY OCCI	URRED (ENTER NATURE OF I		t-mil	
			DAY YEAR					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		LOCATION				
13	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFF	ICE FARM ETC)	STREET	CITY OI	RIOWN	COUNTY	STATE
Н	220 1 certify that (1) (this haspit	ial) attended the deceased fro	IM JAN	3 19 K	6 to JA	V 26 15	86	that (1) (we) last
	saw the deceased alive an abave, (1) (w) (did) (did)	1/25	9_8b_, and the	at in (my) (apinio	an death accurred an the	e date and hau c	and from the c	causes stated
П	22b. SIGnor (h)	A.AA	DEGL	REE			22c DATE S	SIGNED
	Marso		\m	ATTENDING PHYSICIAN	MEDICAL S	SICIAN	1/2	6/86
1	220 PHYSIC AN'S NAME (TYPE OF	R PRINT)	220	ADDRESS	S. S		1	0/10
	Joseph N.	. GRASSO	MV	1300 S.	DIVISION	St. S	MLis.	MD.
23	AURIAL, CREMATION, REMOVAL	23b. DATE 2	MAME OF CEM	ER CREMATOR	Y 23d LOCATION			Λ
	CREMATION	1-28-85	DELMAK	UH	LEWE	5. 505	KEK.	DEL.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

VLLRICH F.A. BERLIN, MO,

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CANBEL The state of the s Turvil , SUSAL Martin Printer District & Supplier THE RESIDENCE OF THE PARTY OF T ATTACK TO SEE THE SEE GIR HINE PLACE ALLERON OF LEWIS COMP. BELLEVILLE AND ALLERON THE PARTY OF THE P

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			ASED NAME	PIRST		~	MIDDLE			LAST		2	OF DEATH A	ESTI-	* MONTH	DAY Y	EAR 2	HOUR
	HEASE OURS MEET	Hild.	ren		olph			200		dfor			DEATH A	MATED L	1	5 198		1420
		a. SEX		4. RACE	5. DATE O	F BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD		DER 1 YR.	IF UNDER		RONOUNC	ED	MONTH	DAY	YEAR 2	HOUR
	DIRE OUR ON S	Ma	le	White	6	7	27	58 Y	RS		1,00%		DEAD		_1	5 198	36 6	1420
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	A PARTY	S	alish	ury				Gene	ral	Hosp	ital		omico	,	ty F	oads		
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2 2	A SEPER		rvland		mico			sbury		YES X	NO 🗌	203	Davis	St.	XI'	80/		
, d	Torong		HER'S NAME		WIDDLE			AST		15. MOTHE	R'S MAIDE	NAME	MID	DIE		1.07		
2	22 2301		Lildre		Δ		Bland				Julia		B.	DLE		Hemph	ill	
BALTIMORE	52564	16s WA		EVED INTILS A	RMED FORCE	102	16b. SOC	IAL SECURIT		17. INFORM			Rt.2	ROX	4		2.19	
19	A STATE A	(163,	Yes	Navy	E WAR OR DATES		275-	20-473	30	Ann I	L. Hen	LLy			lawai	ce_199	56	
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44	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE		death resulte			7	Accident		icide	, Homic			inquiry E		id in my of	oinion		
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25M	DHMH - 17	24 FUN	IERAL DIRECT	FOR			1176	mar va	OLEM	T.U.Y	250. DATE R	EC'D. BY	REGISTRAR	256 REGI	STRAR'S	GNATURE	Wal	,0
	(VR A15 ME (5))			ounds S	Salichu	ADDRESS	,				JAN	9	1986	Jul	ia Davi	door A	ndell	2
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033	1.	FOR STATE REGISTRAR		DEPA	STATE OF M RTMENT OF HEALTH CERTIFICATE	AND MENTAL HY		0 3	1 5	5
ns /		CEASED NAME	FIRST	MIDDLE	DO TT 111	1 1/+2 4	20. DATE OF DEATH		Y YEAR	26 HOUR
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(0)	1.58	FEMALE	4 RACI	HACK	S. DATE OF BIRTH	DAY YEAR 20 1918	6 AGE (IN YEARS LAST E	YRS.	UNDER 1 YEAR	HOURS M
1 30%	7a BI	RTHPLACE (STATE OR FOR		ZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY		F DEATH	
1	M	ARYLAND		U.S.A.	WIDOWED A	DIVORCED	Wicomico			
100		TY OR TOWN OF DEATH		AME OF HOSPITAL, NUR NOT IN SUCH FACILITY GIVE ST NINSULA GEN	SING HOME OR OTH	R INSTITUTION	12a USUAL OCCUPA		126 KIND O	F BUSINESS
10	- 0	AL RESIDENCE (IF NURSIN			FORE ADMISSION)		11611181)-103	Dorei	Mare.	-dom
11 35	14	RYLAND	Worcest	ER BERL	// YES		513 Flower		+/218	11
11230	1	JACOB	WIDDLE	PURDE	15. MC	THER'S MAIDEN NA	AME		Who	1=1
11 12		VAS DECEASED EVER IN	U.S. ARMED FO	DATES!	(1)	ORMANT Brit	ADD	DL L	158+1	St
ed by the attend please remove co and, cremation, or other trauma		Canditions, if ony, a gove rise to imme cause (a), stating underlying cause	which diote the last	JE TO, OR AS A CONSE (b) JE TO, OR AS A CONSE (c)	OUENCE OF	LATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVE	J IN PART 1	
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1119	FICAT	19a DATE OF OPERATIO	ON 198	CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN NG CAUSES	
1115	AL CERT	71a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH H	D. TIME OF INJURY FOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2)	
A de Maria	MEDICA	214 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e	PLACE OF INJURY	211 LC	STREET	CITY OR	own	COUNTY	STATE
TOR After the of Health	1	270 I certify that (1) (t	his hospital) atte	ended the deceased fro	163	n (my) (our) opinion	, to	date and have d		thak ((we)
foched toched to Dept.		27b SIGNATURE	On 1 1 -	the body after death.	DEGREE	ATTENDING		AFF	77c. DATE	SIGNED
FUNERA Nide Stoll		22d PHYSICIAN'S NAM	AE (TYPE OR PRINT)		722e A	DDRESS	Z DIRECTOR ☐ PHYS	ICIAN [_]	1/~	
5413	22- /	LIPIAL CREMATION DE	Lan I	DATE 12	NAME OF CEMETER	V OB CREIL TORY	Tall LOCATION			

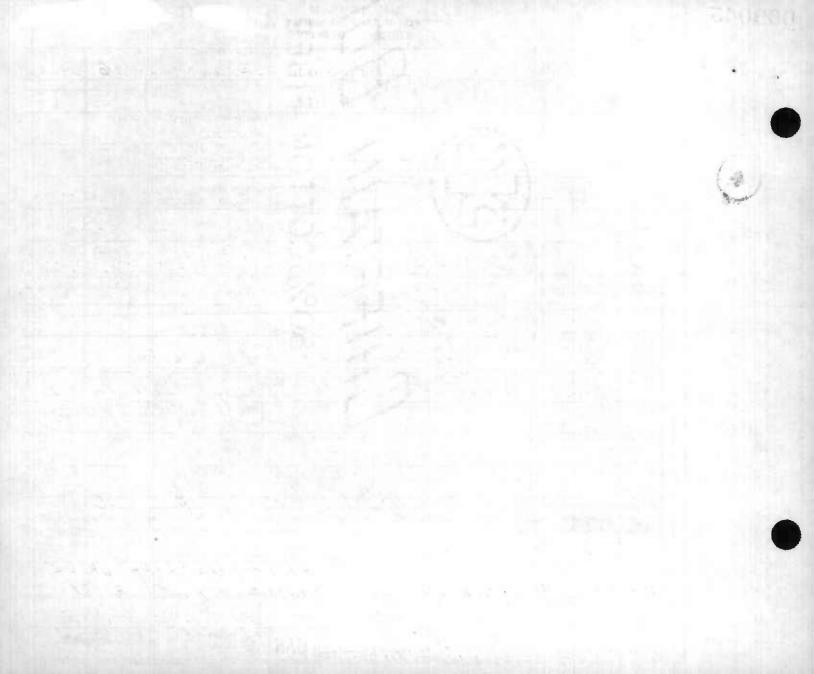
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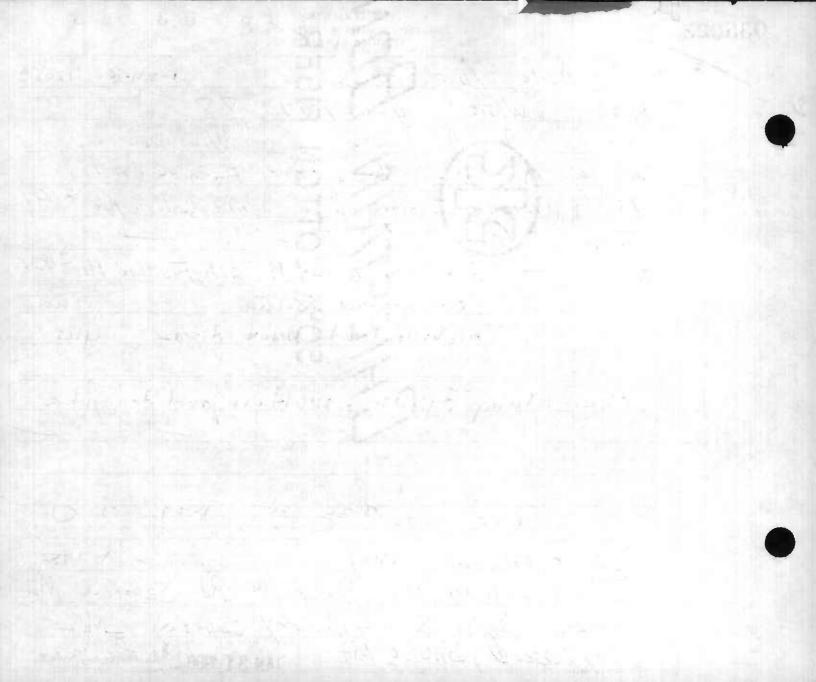
EVERGREEN (EMETERY BERLIN VORCESTER MO ADDRES R + 2 JERSEY R + 50 DATE RECID. BY REGISTRARY 55 REGISTRARY 5 SIGNATURE JAN 1 4 1986 Julia Davidson Pandesse 30R1A1 24. FUNERAL DIRECTOR

egorge. ALL STREET, WALLAND STREET, MAKE

009045	1,	FOR		DEPARTA	STATE OF MARY		5 6 0 3	1 5	6
	1	STATE REGISTRAR			CERTIFICATE O	FDEATH	REG. NO.		
the state of the s		CEASED NAME FIRST LILL		M.	Brittingh	am		1986	26 HOUR
ge 4 may be ector page 3	3. SE	× Female	White	9	S DATE OF BIRTH	190°0°	85 YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	P	RTHPLACE (STATE OR FOREIGN COUNTRY) arsonsburg, Mary	land U	.S.A.	8. MARRIED NEVE WIDOWED	DIVORCED [Wicomico	OF DEATH	MD.
of the second		ITY OR TOWN OF DEATH	Penins	HOSPITAL, NURSIN HEACILITY, GIVE STREET ULA GENER	G HOME OR OTHER IN ADDRESSI AL Hospita	1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	17b. KIND OI INDUSTRY	F BUSINESS OR
24 hou	1,3a	at residence (# nursing home of state 136 COU	ROTHER INSTITUTION INTY	130 CITY OR TOWN Pittsvill	ADMISSION) N 13d INSIDI P YES	NO [13e STREET ADDRESS / ZIP CODE Rounds Road		21850
ampletely ond 2 st	14. F.	ATHER'S NAME FIRST Willard	WIDDLE	Esham		er's MAIDEN NA	WIDDIE	Sm	nith
be execution and construction and constr		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU 218-48-	7000 Rour	MANT Lillia nds Road	n B. Timmons (Dau - Route #1 - Pitts	ghter) ville, M	ld. 2180
g physicir on paper remaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per ED BY: ATE CAUSE (0)	line for 10°, (b., and	id Repris	at Fa	elico	BETWEEN O	MATE INTERVAL ONSET AND DEATH
the death of the ottendin remove carl emotion, ar		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)_	R AS A CONSEQUE	to tent	Skeet	5 Faclico		
signed by ten please a burial, cr	CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	besta	DEATH BUT NOT RELAT		WALDISEASE OR CONDITION GIVE	N IN RARY 110	2
n. os been si permit. The ne prior to ms ony inju		190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION WAS PER	FORMED	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
CIAN: The physicion physicion printicate hol-transit printing the printing		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	INJURY OCCURI	YES NO YES		но 🗌
G PHYSK ottending er this ce the burn and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	111	19 211 LOCA	TION	CITY OR TOWN	COUNTY	STATE
TTENDING outof or o TOR. Afte for use as af Health		22s.1 certify that (I) (this hosp tow the discontillative or above, (I) we) 2did United in			86, and that in the	19 d	to	/	that (I) (we) last
TAL OR ATT y the hospi AL DIRECT detoched for ore Dept of		The SIGNATURE LEGER	m 19	neldedi	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE S	SIGNED
TO HOSPITAL strained by the TO FUNERAL should be deto with the Stote IMPORTANT: H		22d. PHYSICIAN'S NAME (TYPE	M. BI	DAADO	22e ADDF			E DR 2180	IVE
BP		BURIAL, CREMATION, REMOVA	23b DATE 1/4/1		TAME OF CEMETERY OF	netery	Pittsville, Wicon	nico, M	aryland
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Holloway Funera	l Home, I	P.A. Salish	oury, Marvl	and JAN	E RECID. BY RECISTRAR 758 REGISTR	AR'S SIGNATION	poete.

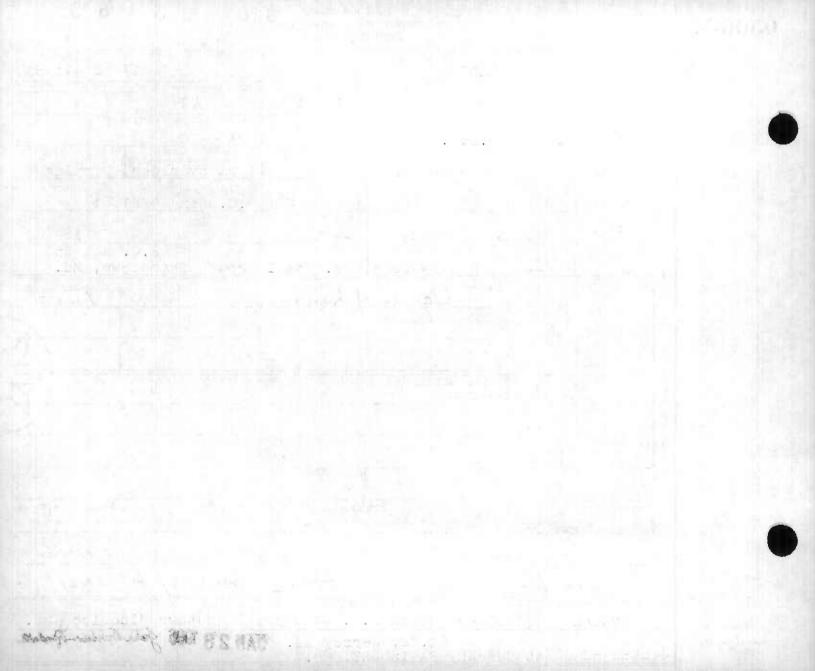


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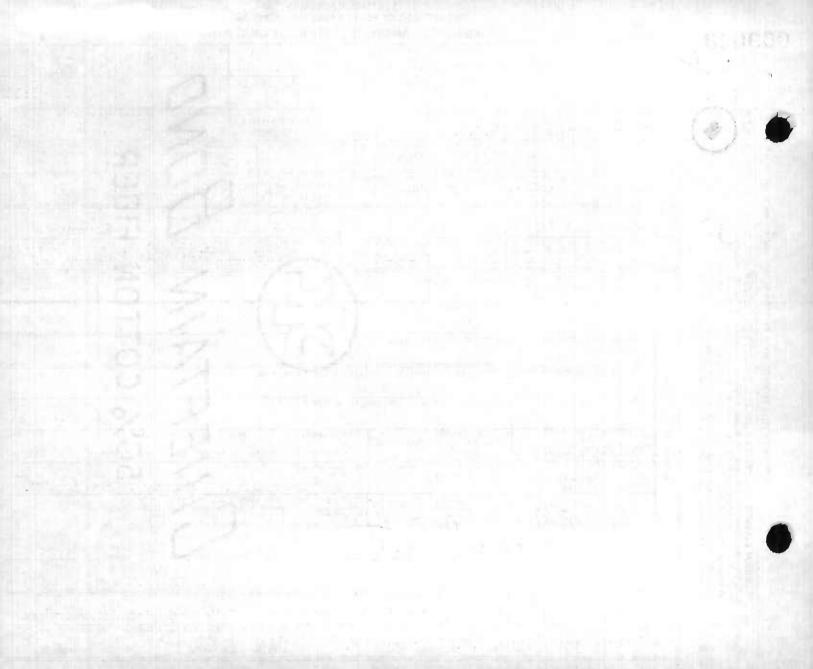


(A)	FOR	NEDADTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HY	6 0	3 5 9
009181	1 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	
	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
الم وقع و	(TYPE OR PRINT)	HEL MARIA	DDOWN		1·M.
poge r deog	3. SEX		BROWN DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	1 2 86 . AM
offe,	FEMALE	NEGRO	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
Poge	7a. BIRTHPLACE (STATE OR FOREIGN		8 1 93	92	YRS.
nerol on 72 h	JAMAICA, W.I.		MARRIED NEVER MARRIED VIDOWED NO	WICOMICO	R COUNTY OF DEATH
er or the fer	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126. KIND OF BUSINESS OR
S of	SALISBURY	Rt. 2, Naylor Mi		retired	
MARYLAND 21201	USUAL RESIDENCE (IF NURSING HOME 130 STATE 1136 CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL	MISSION)		Ihousewife
2 7		omico Salisbury	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	370 Noviles Mill Di
AI (A A)	IN FATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	x 379 Naylor Mill Rd.
3 (12)	James	Coulson	FIRST	WIDDLE	LAST
E. S. G.	160. WAS DECEASED EVER IN U.S.		Eleanor Y NO. 17 INFORMANT	ADDRE	Miller
MOR e exe Poge	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES			CONTRACTOR OF THE STATE OF THE
o o o	no	 068-54-670		own same	e as above/21801
	18 CAUSE OF DEATH (Enter	only ane cause per line far (a), (b), and (c) SED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			wary Arrest		
PRESTON ST, he death certifi ne attending pl move carbang mation, or rem mation, or rem		DUE TO, OR AS A CONSEQUENCE	CE OF	••	
dea dea otte cove	Conditions, if any, which	(16) Atherselerst	ec Vascular Dise	مستره	
W. Pp	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	E OF		
es that hed by please urial, c	underlying cause last	(e)			
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DE	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
ORD required sinjuly	O Diabetes	mellitus, Renal	Insufficiency		
ECC She s	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	ERATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR ion.	FILE			YES NO	YES \ NO \
DF VIII			210 HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
OF B P P P P P P P P P P P P P P P P P P P	OR CONTRIBUTING CAUSE OF		19		
HYS or the or the	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	OFFICE OF	
DIVISION OF VITAL RECORDS, NG PHYSICIAN The law requir attending physician. After this certificate has been sig os the buriof tronsit permit. Then th and Memtal Hygiene prior to b orked or them 18 shows any injury	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARA	, ETC.) SIREET	CITY OR TOW	N COUNTY STATE
D IN Or Aft		spital) ottended the deceased from	, 19	tp	, 19, that (I) (we) lost
TTEN TOR TOR Service	sow the deceased alive	00 10			ite and hour and from the causes stated
OR All DIREC Sched 6 Dept 6	22b. SIGNATURE	not) view the body ofter death.	DEGREE		22c DATE SIGNED
the the Hock to the Pool of th	127	/ /		MEDICAL STAF	
PITA by By Stots Stot	22d PHYSICIAN'S NAME AND	OR PR	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN JASE
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote MAPORTANT.	2, 4	I. Reilly Mg		cal fact, Sal	istance but
TO HOSPITAL retoined by th TO FUNERAL should be detoined with the Stote with the Stote	Kobert				- J /
	23a BURIAL, CREMATION, REMOV. (SPECIFY)	AL 23b. DATE 23c. NA	AE OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	BURTAI	1/05/86 SPRI	NGHILL MEM. GARD	EN HEBRON	WICHMICH MARYLAND
DHMH - 16 50M 7/77	24 FUNERAL DIRECTOR	ADDRESS Rt.	#2, Jersey Rate DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VR A 15 (4))	JOLLEY MEMORIA	CHAPEL SALTS	BURY, MD.	AN LI MOU	1

030024	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE U 3	0 U
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
\$ 55 Z	LIYPE	GORDY	WILLIAM	BROWN	1 17	86 1:45pm
moy be poge 3	3. SEX		4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
Page 4 mo director, pc hours after		MALE	NEGRO	MONTH 13 153	72 _{YRS.}	ONTHS DAYS MOURS MIN.
Po ld	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	AARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C)F DEATH
Of Paris	LA	UREL, DEL.	U.S.A.	WIDOWED DIVORCED	WICOMICO	MD
within within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
led iled	SH	IARPTOWN	Elzey-Brown	Loop Road	farm overseer	farming
g a a	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c. CITY OR TO	ORE ADMISSION) WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
filled ould			OMICO SHARP		P.O. Box 84/21	861
tely 2 shu		THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
on die)	LEVIN TH	HOMAS BROW	N CASTELLA	MIDDLE	ENNIS
		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SEG		ADDRESS P.O.	Box 251
ond c Pages	(res no or unknown) (IF YES, GI	186-09	-6885 Mrs. Hazel		own, Md.
the r					Brown Bharpoo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys nave			nly one couse per line for (a) b), eED BY.	vee of hung		1410
cert ing rbor rrer ric ev		IMMEDIA	TE CAOSE (0)			1900
te co		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	UENCE OF		
he de		gove rise to immediate couse (a), stating the	(b)			
by the		underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF		
es the plea		PART 2 OTHER SIGNIFICANT	GONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OF CONDITION GIVEN	VIN PART 1/m
sign Then to b njury	Z	Emn	linema	SOLATE OF NO. NEEDED TO THE PEN	MINAL DISEASE ON CONDINON GIVE	THE PART TO
been been prior	ATK	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
S	IFIC				YES NO YES	NG CAUSES OF DEATH?
AN: The hysician ficate h tronsit g	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
A T T D E		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
HYSIC ding this certification when ar the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	19 211. LOCATION		
1 6 6	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.) STREET	CITY OR TOWN	COUNTY STATE
DING P or offer Affer the e as the alth one marked			oital) attended the deceased from	July 10 8	to 19	86 that the Contract
OR OR		sow the deceased alive or	12/5 19	92	death occurred on the date and hour o	, magain and
RECT RECT RECT Ppt. o		obove, (I) we (dray and n)	yew the body ofter death.	DEGREE		22c DATE SIGNED
TAL OR A hory the hory the hore detached tote Dept. If them		HIL	real en en e	MM ATTENDING	MEDICAL STAFF	1-21-86
PITAL by 1 ERAL Stott		220 PHYSICIAN NAME TYPE	OR PRINT!	PHYSICIAN 228 ADDRESS	DIRECTOR PHYSICIAN	1, -, 00
O HOSPI etoined b TO FUNE should be with the S		CIRIL	- AUTON, Je	PRHMA	SALISBURG MO	21101
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined with the Store ElmPORTANT; if	22- 0	LIDIAL COSMATION DE		NAME OF COMPTON OR COS	Tay to Carlon	
	230. 6	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY ion U.M. Cemeter	ry Sharptown Wic	COUNTY CO Md.
BP	24 FI	DUKTAL		Int. D.	y Sharptown W10	COMICO MO.
DHMH-16 30M 2/80 (VRA 15, 4)		NAME		#2, Jersey Rd.	JAN S. 8. seb. Jam	Manager Willout
,	2	LLEY MEMORIA	AL CHAPEL SA	LISBURY, MD.	Mile Committee of the C	



			FOR			DEPART	STAT MENT OF H		ARYLAND AND MEN		de 0 3	1 -6	i	
ans	9043		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	CERTIFICA	ATE OF	DEATH REG. 1	NO.		
00.	1040		CEASED NAME	FIRST		WIDDLE		44.10	LAST		20 DATE KNOWN	MONTH	DAY YEAR	25 HOUR
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	A COLOR		RTHPLACE (STATE	OR	75. CITIZEN OF W	HAT COU	VTRY?	8. MARRI	ED NEVE	R MARRIE	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
•	DE LE	Sa	lisbury, A	Ma ryland	U.S.			WIDOW	/ED 🖺	DIVORCE	Wicomico (County		MD.
	WY DECT	10 CI	TY OR TOWN OF	DEATH	11. NAME OF HO			OR OTH	ER INSTITUTIO	NC	12e USUAL OCCUPATION (T		OR INDUST	
	A STATE OF	1	Salisbu				eneral 1		ital		Carpenter			
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BALTIMORE, MD. 2120	STAN STAN			WICO	inico	Sair	spory					ne Mill	Road	,
W.	SSTH.	M.	THER'S NAME FIRST		MIDDLE	_	LAST		15. MOTHER'		NAME	_	LAST	
ORE	URS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES 1 & DIVISION OF		Hubert VAS DECEASED E	VED IN II S ADA	R.		OWN	NO	Nort 17 INFORMA		ADDRES		usey	
WILL		(Y	ES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)		20-76-97		700	Mr.	& Mrs. Huber Journe Mill Roo	TR. Bro	own (Po	rents)
			No 18 CAUSE OF D	FATH (F				4/	700 (Could	ourne Will Roo	ia, Salis	APPROXIMAL	
ST.			PARTIDEAT	H WAS CAUSED								723	BETWEEN ONSE	
PRESTON ST.,	N 24 HO N ITEM 1 ALONG SIT PERMI HYGIENE, AOVAL.	>	815	MMEDIAT			ple in		25					
RESI	TED WITHIN 24 IN PENCIL IN ITEN XAMINER ALON AL - TRANSIT PER MENTAL HYGIE N, OR REMOVA		Conditions, if any, which											
× .	NTA			ta immediate	(b)	RASACO	NSEQUENCE C	F	10.5			1-0-1		
201	N. O. WE.		lying cause	last.	(0)							En		
DIVISION OF VITAL RECORDS, 201	SHOULD BE EXECUTED DRD "PENDING" IN PROPER MEDICAL EXAL EXAL EXAL BURLAL OF HEALTH AND MEDICAL CREMATION, (A.M.).		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in											
Ö	BE EXE ENDING MEDICA AS A BI SALTH A CREMA	Z												
LRE	L KENAMER	CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	ITION FOR	WHICH OPERA	TION W	AS PERFORME	ED?			20 AUTOPSY	?
ĮĮ.	SHOUL OND "F CHIEF E USED TOF H	Ĭ.										186	YES 🔽	NO 🗆
0F.	CERTIFICATE SHOULD ITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. E EPRARMENT OF HE DIPRIOR TO BURIAL, O	1 8	21a EXTERNAL	_	215 TIME C	F INJURY	DAY YEAR	21c. HO	O YAULUI WC	CCURRED	(ENTER NATURE OF INJURY IN ITEM)	18 PART 1 OR PART 2	')	
NO	SARA S	3	UNDERLYING CONTRIBUTING	CAUSE OF D	EATH 2:20%	x 1	1 19 86			n aut	co/fixed object	ct impa	ct	
VISI	CERTING 3 SSP DEP	MEDICAL	214. INJURY OC	URRED	21e PLACE STREET, FAC	OF INJURY			CATION		City OR TOWN	COUNT	TY.	STATE
٥	R: THIS CER TE, WRITIN RWARDED R: PAGE 3 S S: STATE DEP		WHILE AT WORK	TWORK	5	street		Coll	oourne	Mill	Rd, Salisbur	y , Wic	comico,	
	HOATE, TORE PORT		22a I certify t	hat I took wharg	of the remains de	Andred ob	ave, held on	Autop	sy X. 1	Inspection	, Inquiry	and in my apını	an	
	F F W O T C F	1	death resulted	right Night	ul couses	ACCOUNT.	X7		. Hamicide	e .	Undetermined manner],		
XE GENT					TITLE (SPECIFY)									
	* # # F F F F F F F F F F F F F F F F F	1	SIGNATURE_	Y CA	20110	W,	MM	M	Actino	r Chi	ELEDICAL EXAMINER	DATE SIGNED.	1/1/8	6
	EDIC JAE JAE ANON MON		EXAMINER'S NA	ME mo	hamaa D	Condition	. M.D.	3.3	,	111 D	CI D-11	- 140		
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BAUTIMORE, M		(TYPE OR PRINT)	Ti	homas D.						enn St. Balto	O.MD.		
		73a.B	JRIAL, CREMATIC		1/3/1986		NAME OF CEM				23d LOCATION CITY OR TOWN	COUNTY	NA 5	TATE
07/84 25M	BP	24. FI	Buria JNERAL DIRECTO		1/3/1706	VV	icomico	Mei	TOFIGI I		Salisbury, W	GISTRAR'S SIG	NATURE	iana
	DHMH - 17 (VR A15 ME (5))				Home, P.	A., Sa	lisbury.	Md.		JAN	1000	LOUT		



- STATE

REGISTRAR

020229

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

j	3	-	6	2
	•			50-49

REG. NO 20. DATE OF DEATH MONTH 2h HOUR anuaru 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Wicomico DIVORCED 1 126 KIND OF BUSINESS OR INDUSTRY

Hospital

CERTIFICATE OF DEATH

2001AL WORLDEN 13e STREET ADDRESS / ZIP CODE 21840

MIDDLE

NO P 15. MOTHER'S MAIDEN NAME

ADDRESS

206. IF YES, WERE FINDINGS USED

YES []

IN CERTIFYING CAUSES OF DEATH?

e couse per line for 101, tb, and 101	BETWEEN ONSET AND DEATH		
USE (0) CARDIO DULMEN MY TRINGS)			
DUE TO, OR AS A CONSEQUENCE OF ASCVD			
DUE TO, OR AS A CONSEQUENCE OF			
(c)			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CIDENT WAS UNDERLYING	216 TIME OF INJURY			21c HOW
NTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY	YEAR	
THER NOTIFY MEDICAL EXAMINER	P.M.		19	40 Por

YES [INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

NO

211 LOCATION STREET

CITY OR TOWN

SIRECTOR PHYSICIAN

COUNTY STATE

_ that (I) (we) lost

NO

saw the deceased alive on I) (we) (did) (did not) view the	body after death.	ate and hour and from the couses stated
GNATORE	DEGREE	22c. DATE SIGNED
1/ 1000 000 1	ATTENDING MEDICAL STAF	FF

22e. ADDRES

PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY

NAME OF CEMETERY OR CREMATORY Cremen

24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 25g. DAJE REC'D. BY REGISTRAR

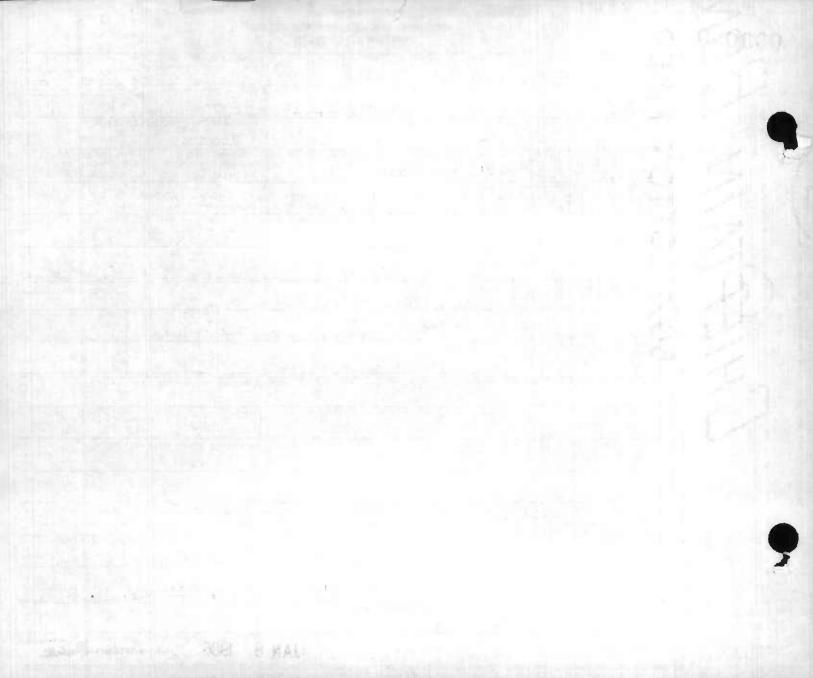
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

635050 APTROL MAY

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

)9050	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO								
		CEASED NAME FIRST	MIDDLE	L.	AST TEACH	20 DATE OF DEATH M	NONTH DAY	YŁ AR	26 HOUR		
page 3	(TABE	OR PRINT) Ediso	on R	C	AREY		1 5	86	5 30		
900	3. SE)		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	(DAY) IF U	NDER I YEAR	IF UNDER 24 F		
ctor.	1	hnlo	White	rebru		69	YRS	HS DAYS	HOURS		
100	To BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B		9 BALTIMORE CITY OR		DEATH			
16 86		OUNTRY)	1154	MARRIE	D NEVER MARRIED U	Wicomico					
38		ARYLAND TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATIO			F BUSINESS		
39 9/		alisbury	Deer's Head			(TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY O	JC		
12 35	10.50	TATE 134 COU	ROTHER INSTRUTION GIVE RESIDENCE BI		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	rist	e pue		
1110	FA FA	THER'S NAME	MIDDLE / LAST		15. MOTHER'S MAIDEN NAM			LAS	1		
13 /170	VE	teneny 1	3 CARE	V	ALTheA	B		TA	ves		
24 B A		AS DECEASED EVER IN U.S. AL		ECURITY NO.	17 INFORMANT	ADDRES	55	1	11111		
~ 1	-	ES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES) 217-	12-478	MR. Timmy	C. Thomas	448	- 1/15	rield.		
D 1		IB CAUSE OF DEATH Enter o	nly one cause per line for tai, (b)	, and ic				BETWEEN	MATE INTERVA		
43/1	30	PART I. DEATH WAS CAUS	ED BY TE CAUSE (0) Lens	tie	Eusenhale	northy.					
- E - E - E	10	IMMEDIA		OUTNOT OF		. 50.	100	- 229	2.50		
ove co	163	Canditians, if any, which	DUE TO, OR AS A CONSE	ess!	vais of	The ha	ier-				
a on		gave rise to immediate cause (a), stating the	10)	01151155 05							
se re	133	underlying cause last	DUE TO, OR AS A CONSE	MI ale	entritum						
pled in pled		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR COND	ITION GIVEN	IN PART 1	0		
Then to b	NO.										
mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W				
ne pe	Ě	DESCRIPTION OF THE RESERVE				YES NO	YES [_	NO [
	1 #	216. ACCIDENT WAS UNDERLYING		DAY VEAD	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART	ORPART 2)	4.3		
ysici cote onsi Hygin		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR							
physicial properties of transit hygie	<	HE BITHER NOTHEY MEDICAL EXAMINE	RI P.M.	19							
iding physici ins certificate burnol-transi Mental Hygi	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION	CITY OR ION	JA1	COUNTY	STAT		
g grand cent	MEDICAL	21d. INJURY OCCURRED			211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STA		
g grand cent	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC)	STREET	CITY OR 10W		12-1			
g propertion of the property o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 9 -	STREET . 19 8 6	5, to 1 - S	. 19_	86	that (I) (we		
no participation of the partic	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 9 - 01	STREET	5, to 1 - S	. 19_	86	that (I) (we causes state		
h has the control of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did not be above, (1) (we) (did) (did) (did no	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 9 - 01	TREE1 19 S ond that in (my) (our) apinion of DEGREE	5, to / = S	19_ te and hour an	86 Id Iram the	that (I) (we causes state		
e hospital or affending p DIRECTOR. After this cert iched far use as the burnal Dept. af Health and Mente i Hem 21 is marked a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. Certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 9 - 01	ond that in (my) (aur) apinian and DEGREE ATTENDING PHYSICIAN	5, to 1 - S	19_ te and hour an	86 Id Iram the	that (I) (we causes state		
e hospital or attending p DIRECTOR. After this cert iched for use as the burial Dept. of Health and Ment i Hem 21 is marked at the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did not be above, (1) (we) (did) (did) (did no	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 9 - 01	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF	te and haur an	86 and from the	that (I) (we causes state SIGNED		
e hospital or attending p DIRECTOR. After this cert iched far use as the burial Dept. of Health and Mente i Hem 21 is marked a little		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27e. I certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did n) 27eb SIGNATURE PHYSICIAN'S NAME (1) PECS A	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF itial) attended the deceased from 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	om 9 - 9 - G , or	DEGREE ATTENDING PHYSICIAN Deer's Head	S, to /- S leath occurred on the dol MEDICAL STAFF DIRECTOR PHYSICI Center, Sal	te and haur an	86 and from the	that (I) (we causes state		
sined by the hospital or attending is FUNERAL DIRECTOR. After this cert ould be detached for use as the burial in the State Dept. of Health and Menter PORTANT: If them 21 is marked at Its	236 6	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (1) (this hasp so the deceased alive an above, (1) (we) (did) (did n) 22b. SIGNATURE PLSA U 22d. PHYSICIAN'S NAME (TYPE LICENTAL AND	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF intol) attended the deceased from at view the bady after death. CORPRINT) CORP. 15 L 23b DATE	om 9 - 9 - G , or	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF	te and hour or	86 and from the	that (I) (we causes state SIGNED		
e hospital or attending p DIRECTOR. After this cert iched for use as the burial Dept. of Health and Ment Hem 21 is marked at Hem 21	23e E	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE ACCORD	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF itial) attended the deceased from 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	om 9 - 9 - G, or	DEGREE ATTENDING PHYSICIAN DEGRES Deer's Head EMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICI Center, Sal	isbury	22c DATE	21801 51A1		



036138

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- STATE REGISTRAR DECEASED NAME 2a. DATE OF DEATH 2b. HOUR MARY Ruark CARMINE 1-29-86 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 13° 1890° Female White BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WICOMICO COUNTY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Housewife SALISBURY SALISBURY NURSING HOME Rt. 3 Mallard Drive Salisbury Wicomico Maryland 21801 4 FATHER'S NAME Louise Townsend Ruark Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Mr. Walton H. Layfield (Son-In-Law) 219-03-1755 Rte 3 300 Mallard Drive, Salisbury, Md. 21801 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate couse (a), stoting underlying cause last CONTRIBUTING TO DEAU-JULY OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOT IFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STATE NOT WHILE 220.1 certify_that (1) (this hospital) attended the deceased from and that in (my) (pass opinion death occurred on the date and hour and from the causes stated 7Jr. DAJE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) T2e ADDRESS EARL M. BEARDSLEY, M.D. CIVIC AVE, AT RT. 50, SALISBURY, MD.

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY Wicomico Memorial Pk Salisbury, Wicomico, Maryland

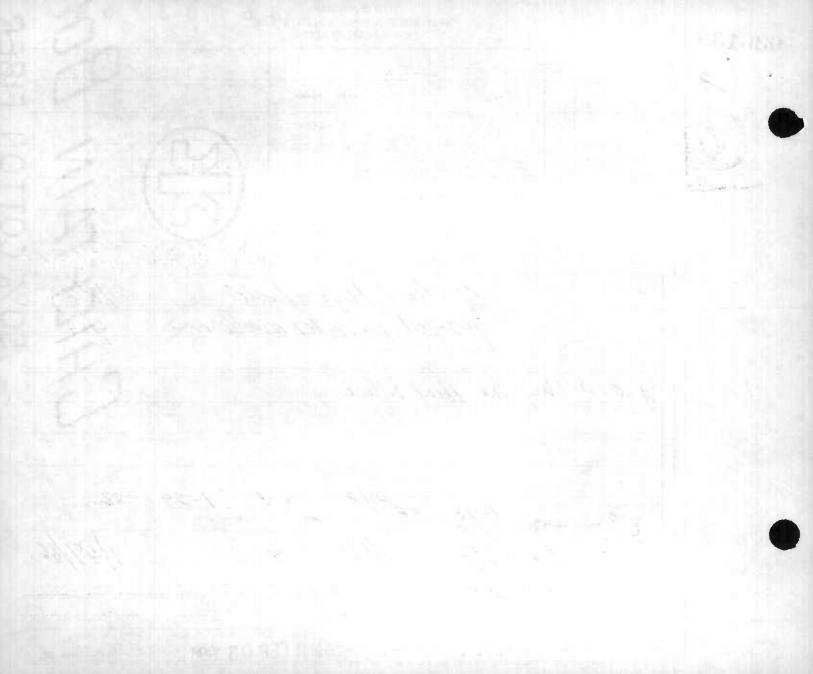
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Holloway Funeral Home, P.A., Salisbury, Maryland

2/1/1986

DHMH - 16 60M 7/84 (VRA 15, 4)

8



Page 4 may be 200 and a may be 200 and a marton, page 37 and a marton, page 374 and a marto TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carbon papers? Period be detached for use as the buriol-transit permit. Then please remove carbon papers? With the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORIANI: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the manual programment of the plant of t TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician

CEPTIFICATE OF DEATH

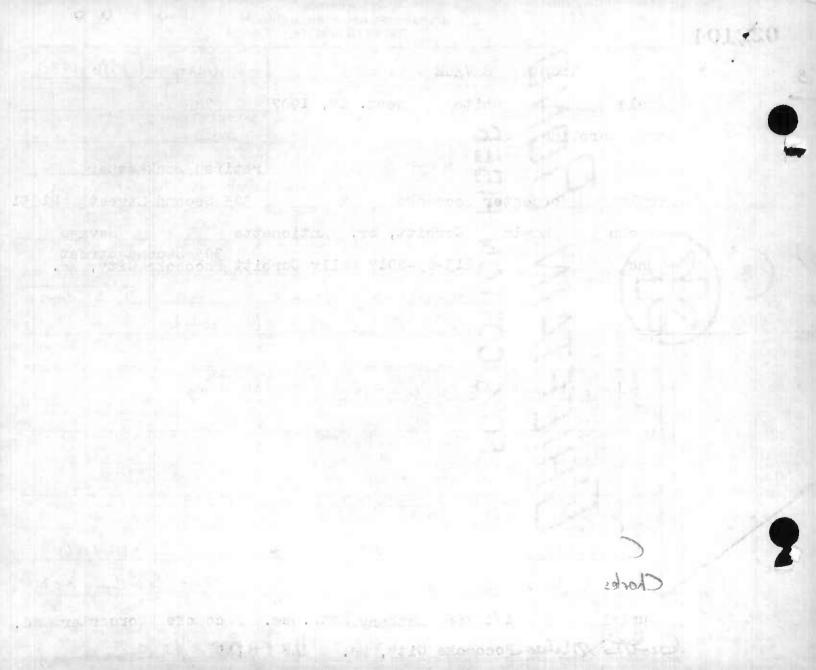
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ш		REGISTRAR			CERTII	ICATE OF DEATH	REG. NO.					
Ì		EASED NAME FIRST		MIDDLE	N 1	AST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR					
ı	{ I YPE !	Ethel	Grace		COU	LEY	JAN. 17.1986 1710	м				
1	3. SEX				5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
1	,	D1-	Libito		MONTH	-23-1904	81 YRS DAYS HOURS MIN.					
4	70 BIR	Female STHPLACE I STATE OR FOREIGN	White	WHAT COUNTRY?	8	-23-1904	9 BALTIMORE CITY OF COUNTY OF DEATH					
ıl		OUNTRY)		S.A.		D NEVER MARRIED	Lili comi co					
4		Itimore. Md.			WIDOWE	DR OTHER INSTITUTION	Wicomico 1126 USUAL OCCUPATION 1126 KIND OF BUSINESS O	ND.				
ij		TY OR TOWN OF DEATH	(IF NOT IN SUC	HEACHITY, GIVE STREET	DDRESS)		TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
ä		lisbury		ula Gener		spital	Retired Owner Hardwear Store	_				
1	USUA 130 S	L RESIDENCE (IF NURSING HOME TATE aryland 136 0	OR OTHER INSTITUTION JNTY COMICO	136. CITY OR TOWI		1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE					
7	- Ma	aryland wi	comico	Fruitla	nd	YES X NO	210 East Main St., 21826					
1	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA						
7		Charles H.	Zimmerma			Mary	Kraemer					
1		AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS					
1	(4)	ES NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	214-32-6	697	Alonza J. Cor	nley,Jr. 210 East Main St. Fruitland,Md. 21826					
ı		18 CAUSE OF DEATH (Enter	anly and course per	line for (a) (b) and	lue .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=				
1	100	PART I. DEATH WAS CAU	SED BY.		Card	less out he	Acute revol believe.	_				
١	3	IMMEDI	ATE CAUSE (0)	2000	100	the vol	7,100					
1			DUE TO, O	R AS A CONSEQUE	NCE OF	Mest montage						
ı		Conditions, if any, which gove rise to immediate	(b)_		/	rypovo laemi	Ca	-				
ı		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF) in a b s -	boor oral Intake.					
ı			(c)					_				
1	7	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D			MINAL DISEASE OR CONDITION GIVEN IN PART TO	,				
	CERTIFICATION	rypers	usion,	flypertan			Left voutricle. Mixed connectine t	-				
/	OA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USEDOLIN CERTIFYING CAUSES OF DEATH?	كبفوا				
	RTIF						YES NO YES NO	_				
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					
	CAL	LIF EITHER, NOTIFY MEDICAL EXAMIN	EATH	M.	19	350 ml - 15						
-	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	DAL FIG I	21f LOCATION	CITY OR TOWN COUNTY STATE					
	×	WHILE NOT WHILE AT WORK	TAT HOME ST	REEL, PACTORY, OFFICE P	ARM, ETC.)	1	1,7,0,1					
1	2.0	22a.1 certify that (1) (this has	pital) attended th	ne_deceased from_	1/1	0/80 19	, to, that (I) (we) lo	ost				
		saw the deceased plive abave, (1) (Se) (did	- 1/17	19_	, a	nd that in (my) (my) apinian	death accurred an the date and hour and Iram the causes stated					
		226 SIGNATURE	The body	affer death.	1	DEGREE	22c. DATE SIGNED					
		/	Du	aresol		ATTENDING A	MEDICAL STAFF DIRECTOR PHYSICIAN 1/17/86					
-		22d. PHYSICIAN'S NAME ITYP	ORPRINT)			22e ADDRESS	DIRECTOR PRITSICIAN	-				
		2	11 1	CARLO	,	Pan	MC					
4	22 0	/3/		GARWA		<u> </u>		_				
	2 Jo. B	URIAL, CREMATION, REMOVE SPECIF Burial	236. DATE 1-20-			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE					
			1 20	TOO WI	COMIT		Salisbuly, Halyland 21001					
		INERAL DIRECTOR BAKET & Bounds	Salisbu	rv. Marvi	and 2	21801	N 2 2 1006 Julie Javidian Registration					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND



DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR

73s BURIAL CREMATION REMOVAL

Burial

STREET, WYS.

EARL M. BEARDSLEY, M.D.

Wicomico Mem. Park SALISBURG. MARY LAND

73L NAME OF CEMETERY OR CREMATORY

CIVIC AVE. AND RT.

50.

CITE OF TOWER

THE LOCATION

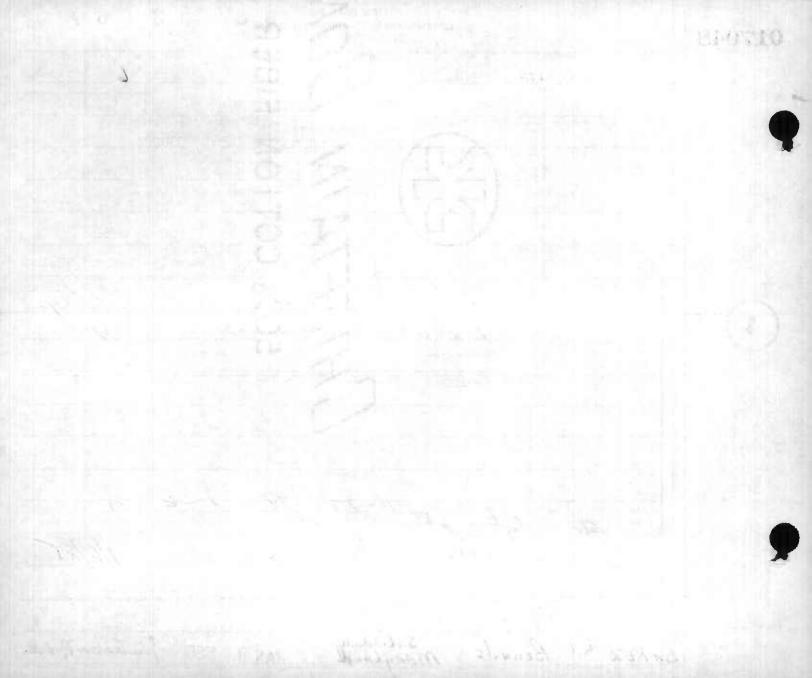
Wicomico Salisbury 754 DATE REC D. BY REGISTRARITIA REGISTRAR'S SIGNATURE. was Davidson

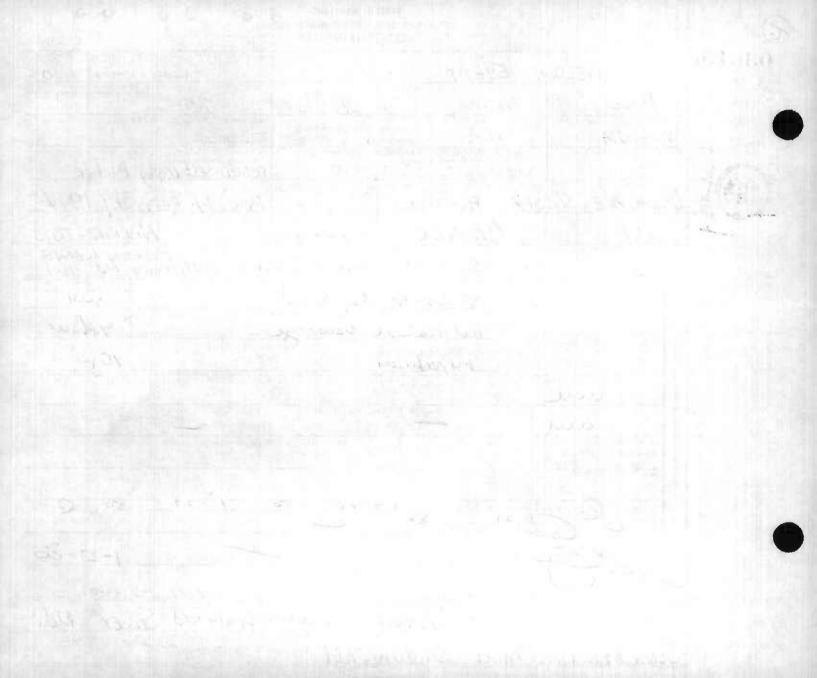
SALISBURY, MD. 21801

STARS

brank

MD





Ferthe 21225 Knight 815 Washburn Ave Balt Md PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated 23: DATE SIGNED 73s BURIAL CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 234 LOCATION LINECHTS CITY OF FOWN COUNTY Meadowridge Mem! L Park burial Baltimore 74 FUNERAL DIRECTOR 75a DATE REC D. BY REGISSRARTS REGISTRARS AR Homer L. Disharoon Box 678 Laurel Del 19956

STATE OF MARYLAND

7h HOUR

12h KIND OF BUSINESS OR

own_home

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

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burist the bendering out the Menderinge Com't Park Saltimore Maryland

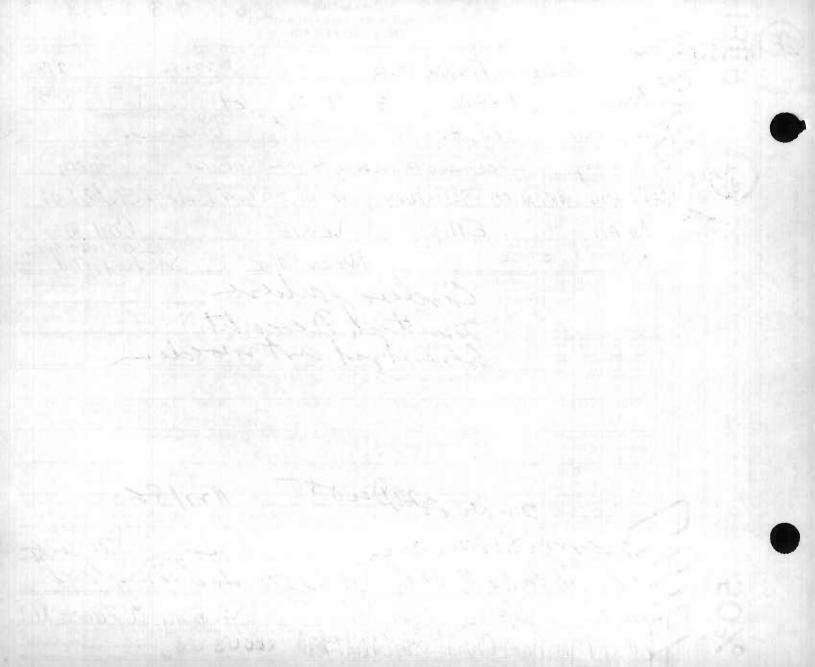
	1.	FOR			STATE DEPARTMENT OF I	TE OF MARYLAND HEALTH AND MEN	Total 2000	031	70
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A DE MOVAL.				TE CAUSE (a)	Respirator		2		hours
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	STATE OF MARYLAND 8 6 0 3 7
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
031015	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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moy pod	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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a hour	USUAL RESIDENCE (IF NURSING HOLE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 STREET ADDRESS / ZIP CODY 137 COUNTY 138 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODY
AND 24	MARYLAND WICOMICO SALISBURY YES NO [Lemon HIII
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no been no permit.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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(VRA 15, 4)	SALVELLA MONDO SHOON SALVELLA MANAGENTALIAN SALVENTERS

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	234)	SPIAL, CREMATION, REMOVAL	236 DATE / C/ 235	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY/OR TOWN	famer signy
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

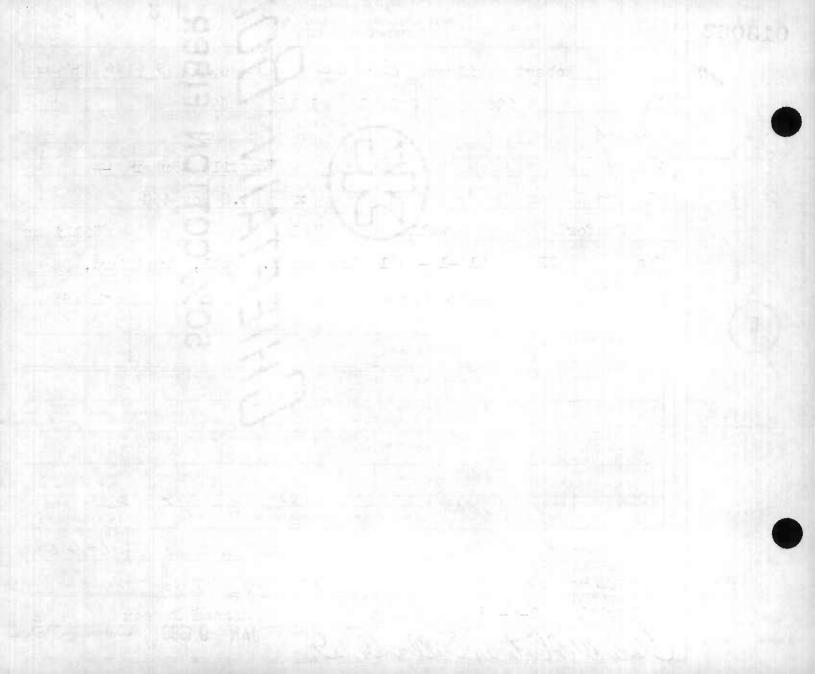
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				REG. I	NO.		
DECEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
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5EX	4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
Male .	White		LV 17 1916	69	YRS	INTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	-	9 BALTIMORE CITY		F DEATH	1
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CITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OF
Salisbury	Penins	ch facility, give street address; sula General	Hospital	Textile	Worker	INDUSTRY	
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSI	ON)				000-
Delaware Sus	sex /	Frankford	YES NO K	Rt. 2 Bo		99	1949
FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME			
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WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY N		ADDI	RESS		
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18 CAUSE OF DEATH (Enter	only ane cause pe	r line far (o), (b), and (c)				BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAU	IATE CAUSE (o)	EMPHYSEM	4			3-	YEAR (
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Canditians, if any, which gove rise to immediate	(b)_					-	
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PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COL	VDITION GIVEN	IN PART 1	0
190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDI	NGS USED
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES TI NOT	IN CERTIFY II	NG CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME C		21¢ HOW INJURY OCCUR			I OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DAY YE	AR				
21d. INJURY OCCURRED		M. OF INJURY	211 LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE FARM, ETC) STREET	CITY OR T	OWN	COUNTY	STATE
220.1 certify that (1) (this hos		ne deceased fram	19.8/	, to	1/8 19	26	that (I) (we) las
sow the deceased alive obove, (I) (we) (did) (did	not) view the hody	after death.	, ond that in (my) (our) opinion	death occurred on the	ote and have a	nd from the	causes stated
226. SIGNATURE	1		DEGREE			22c DAJE	SIGNED
Mugen,	h liha	72-	ATTENDING PHYSICIAN A	MEDICAL STA	AFF	1/4	1/86
224. PHYSICIAN'S NAME (TYP	E OR PRINTE		22e ADDRESS			1	/
GREGORY	THOM	PSON	302 275	PEN STAT		TALL!	nury.
BURIAL, CREMATION, REMOVA			F CEMETERY OR CREMATORY	23d LOCATION	,,,,	1	J - , , ,
(SILE)	7 0 0	C D WAME C	CEMETERT OR CREMATORY	ZIO LOCATION	100	CUNTY	STATE

(VRA 15. 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

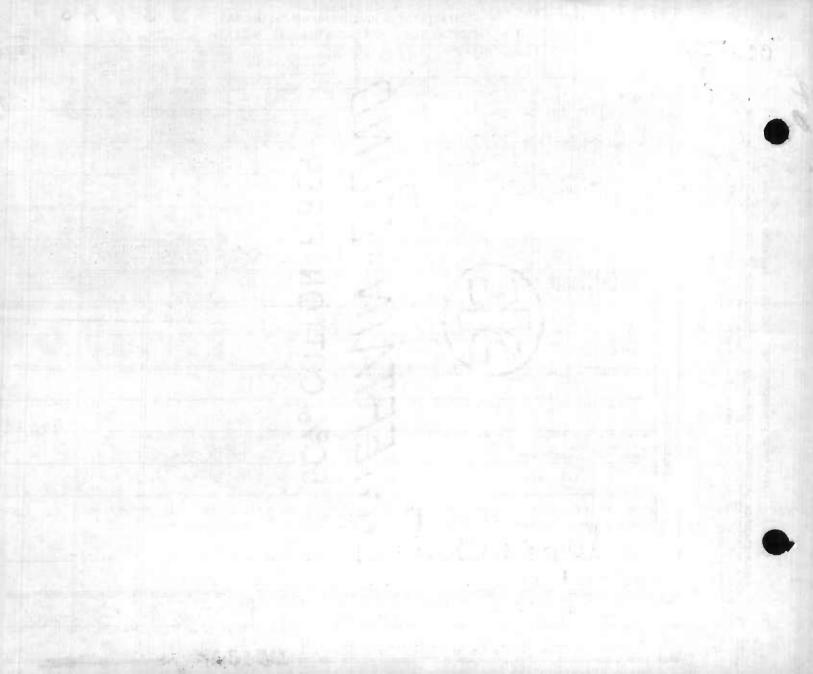
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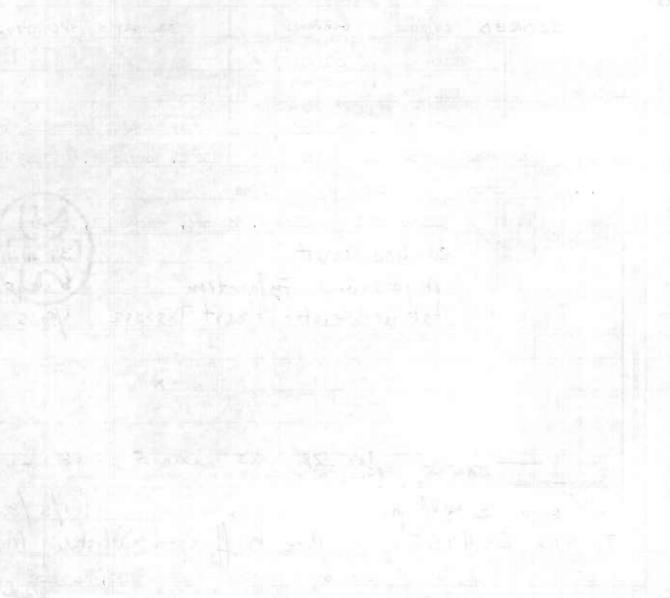


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STATE OF MARYLAND DATE KNOWN ESTI-BOB DEATH MATED 1-6-86 4 RACE DATE PRONOLINCED White Male 04 12 1950 35 11:20 DEAD 1-6-86 76 CITIZEN OF WHAT COUNTRY A RIRTHPLACE (STATE OR MARRIED X NEVER MARRIED U.S.A. New York Wicomico County IO CITY OR TOWN OF DEATH 20 LISUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Physician Five Friars Road Salisbury Five Friars Road Maryland Wicomico Salisbury 13d. INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frances Jacobs Benjamin Freundlich 17. INFORMANT Mrs. Susan Correction (Wife) 219 N. Clairmont, Salisbury, Md. 21801 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURIT NO 060-40-5397 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21f. LOCATION WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an and in my apinion Suicide X Undetermined manner Hamicide TITLE (SPECIFY) DATE 1-7-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 1/7/1986 Salisbury Crematory Salisbury, Wicomico, Maryland Cremation 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CEPTIFICATE OF DEATH

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	DECEASED N	IAME	FIRST	MID	DLE	ı	ASI	2a.	DATE OF DEATH	MONTH	DAY YEAR	26 HO	
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3.	SEX	[1]		RACE	illa GIV	S. DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA		
	Female			White		Aug.	9, 1916 YEA	AR	69	YRS	MONTHS DAY	MOURS	M
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2/1	0 CITY OR TO		TH 11.	NAME OF HO	SPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	N 120	USUAL OCCUPATI	ION		OF BUSIN	IESS
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24	60 WAS DECE				66 SOCIAL SEC	LIRITY NO	17 INFORMANT		ADDRE		yu		
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/ =	No						DILLIE M.	Coop	er, sairs	bury,		DXIMATE INT	
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6	gave recouse underly	ise to imme (a), stating ing couse	ediote the lost.	Ic)	ITRIBUTING TO	DEATH BUT	NOT RELATED TO THE		20a AUTÖPSY?	20b. IF YES	S, WERE FINE	DINGS USI	TH?
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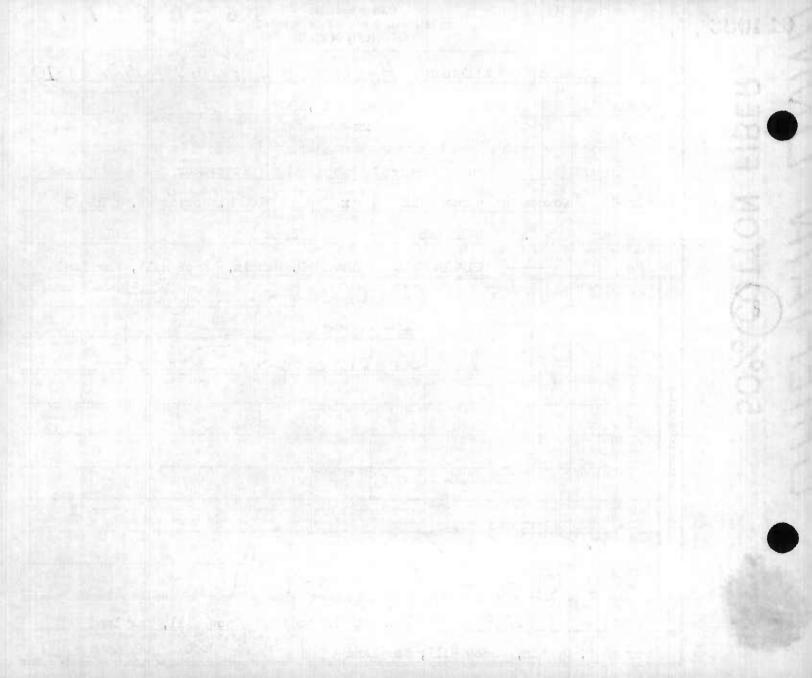
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TO HOSPITAL OR ATTENDING PHYSICIAN The low requirerelated by the haspital or ottending physician.

Baker & Bounds Funeral Home, Salisbury Md

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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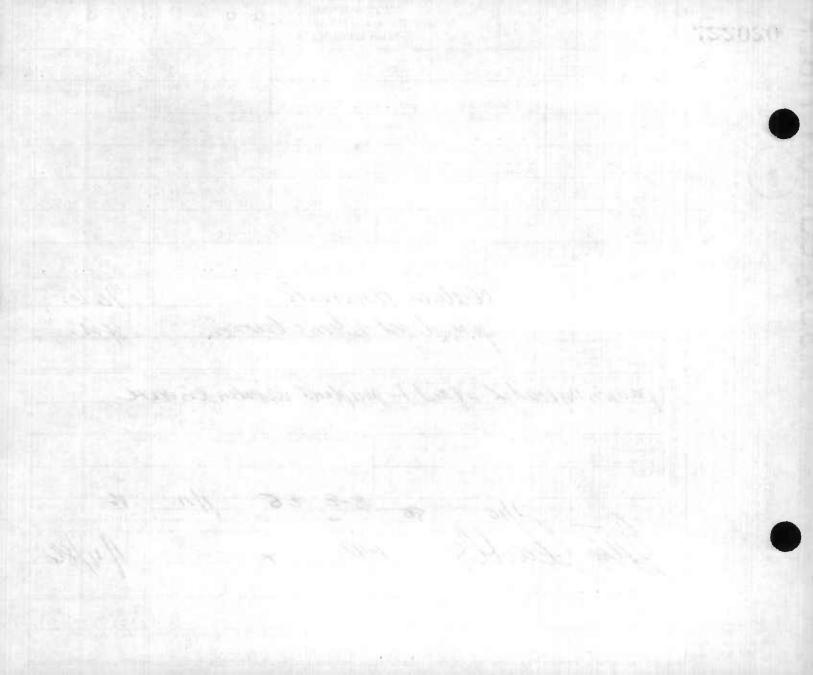
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A de de de la		OR CONTRIBUTING	pall .	CIN .	.M. MONTH	DAY YEAR							
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the house of the post of the post of the Dept of the D		9/1/	16	bus	1/2	-	ATTENDING N	MEDICAL ST → IRECTOR PHYS	AFF	1	IL DIME	101	
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75 543 3		URIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COU	NIY	STATE	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Marvel-Short Funeral Home Delmar, De. 19940

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

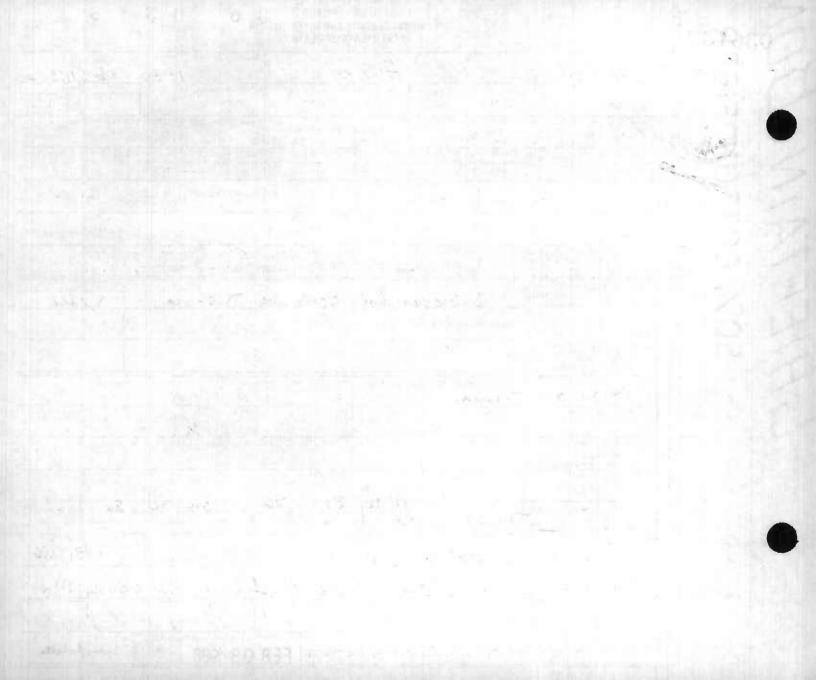


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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDER TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYTAND, 21201 P	22. 0	(TYPE OR PRINT)	John		keley, M			isbury,		rylan	d_		
		230.BI	PECIFY) Burial	MOVAL 236	2/4/1986	23c. NAME OF C			23d. LOCATION		COMICO	DUNTMary	/landia	TE
07/84 25M	BP	24 FL	INERAL DIRECTOR					25n DATE D	Delmo	AR 25h B	GGISTPAP	SIGNATI	YOPE	
	DHMH - 17 (VR A15 ME (5))		Holloway Fu	neral	Home, P.A	A., Salisbui	y, Ma	ryland	B 06 19	36 4	ina Dai	idser-	Pande	12

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STATE OF MARYLAND

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ITAL OR A yy the hory the hory RAL DIREC detoched tote Dept tote Dept		276 SIGNATURO	C Hel	y gr.	· /		MEDICAL STAFF DIRECTOR PHYSICIAL		DATESIGNED		
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BP	1	Cremation, REMOVAL	1/31/198			y Crematory			, Maryland		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR Holloway Funeral	Home, P.A	A.,^ºSalis	bury,	Maryland FFB	0 3 1986	REGISTRAR'S SIG			



STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	- Jan
		TEASED NAME FIRST	MIODLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	TITPE	SALL'	4 DENNIS	HODGES	JANUARY	29,1986 8 AM
	3 SEX		RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
	18	EMALE	WITTE	2 1 1700	1	YRS
	/0. BI	OTTINY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITOFDEATH
	W	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NILIDSIN	WIDOWED DIVORCED IN NOTIFICATION	Wicomico 126 USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
	10 C1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FORMATION OF WORL	KING LIFE) INDUSTRY
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,	14 FA	LLO40	MIDDLE DENN	15 MOTHER'S MAIDEN NA	beth middle	Lewis
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? THE SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS C	OPACIFIC AVE
9		No -	41 853 117	HA DENNIS DI	radford sa	alis oury, Md'
		PART I. DEATH WAS CAUSE		-7448 - ARREST		BETWEEN ONSET AND DEATH
	101	IMMEDIA	TE CAUSE (a) OR AS A CONSEQUE			
		Canditions, if ony, which		DIAL INFARCTION		I WK.
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			
		underlying cause last	(c)			
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 11a
20	OF TO			16. HEART FAIL		
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	RTII	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW BIRDLY OCCUP	YES NO	YES NO
,		OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P M	19 211 LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
	860	220 I certify that this hosp	ital) attended the deceased from_	JAN. 16, 19 86		1, 19 8 6 , that @ (we) last
		above (1) (we) (fid) (did no	JAN . 28 19 1		death occurred an the date or	nd hour and from the causes stated
		22b SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		27d PHYSICIAN'S NAME LIVES	all_	PHYSICIAN &	DIRECTOR PHYSICIAN	1/29/86
		ROBERT		z H		
	22. 2			3 * * * * * * * * * * * * * * * * * * *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11. 2/85/
	230 8	URIAL, CREMATION, REMOVAL	23b DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	· Course and on the

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If Item 21 is marked at Item 18 shaws ony

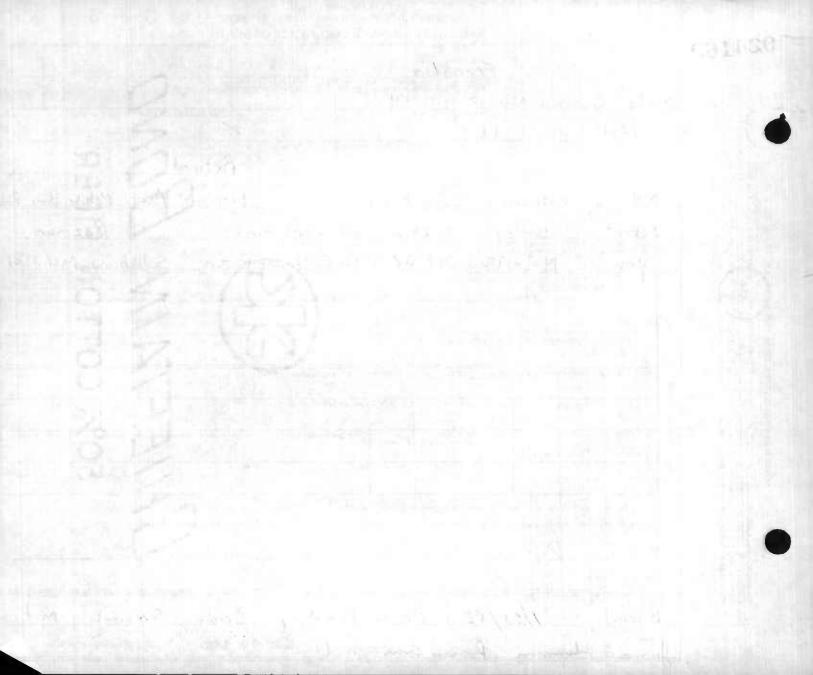
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

injury, or oth

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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	11-	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL	HYGIETIE	0 3 1	0 ~1	
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E SE	3 SE:		5. DATE OF BIRTH	OKTIO	EARS IF UNI			MONT	16 19 86	2d HOUR
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NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 2, WITHIN 72 HOURS W. PRESTON STREET,		Md	1.0	2	WIDOWI			nico Coun	tv	MD.
2 H H H H	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTHE	RINSTITUTION	120 USUAL OCCUP	ATION (TYPE OF WOR	RK 126 KIND OF BU	SINESS
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8 x x x x x x x x x x x x x x x x x x x	14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	PENNAME	IDDLE	LAST	
# 384377V	1	Robert L	Jocley	Hopkins	100	Cather	706		Bozma	^
0 00000	16a \	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURI	TY NO.	17 INFORMANT	171	ADDRESS	100 =	-
E EATERS /	1 0	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217 28	3572	C.+1	Patra	C. I. L	Marl	21801
2 200 25	-				20 1001	Cathenn	e Deviou	X4120	APPROXIMATE	04001
f de ola		PART I DEATH WAS CAUSE	D BY:						BETWEEN ONSET	
A SESSION		IMMEDIA		pertensive		erioscler	otic cardi	ovascula	r disease	
			DUE TO, OR	AS A CONSEQUENCE	OF					
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W WARE SO		cause (a) stating the under-		AS A CONSEQUENCE	OF					
E HANKAN		lying cause last.							100	
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A PATE S		220 I certify that I took charg	ge of the remains desc	cribed abave, held an	Autops	y . Inspected	on . Inquiry	, and in my	apinian	
EXAMINER: CERTIFICATE VUID BE FOR I DIRECTOR: 1, WITH THE S		death resulted fram: Natur	ral causes X	Accident , S	vicide	Homicide .	Undetermined mo	nner ,		
EXAN CERT DIE DIR WARN		N.		1		TITLE (SPECIFY)				
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ZE SEES Z		SIGNASIONE	1//		77.1	J. AGG. LG LGIII	L_MEDICAL EXAM	INER SIG	NED 1-1/-	30
AND TO SE		EXAMINER'S NAME Ann	M. Dixon,	, M.D.		111	Penn St.,	Balto. N	MD 21201	
TO MEDICAL E. EXECUTE THE O. PAGE A SHOUL A FIRE DEATH, N BALTMORE, M	200	(TIPE OK PRINT)				ADDKE35			- 21201	
F W 0 F € Ø	230.B	URIAL, CREMATION, REMOVAL	SO DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION	0 0		ATE
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25M DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS			250 PAIE	REC'D BY REGISTRA	R 256 REGISTRAR	SSIGNATURE	1
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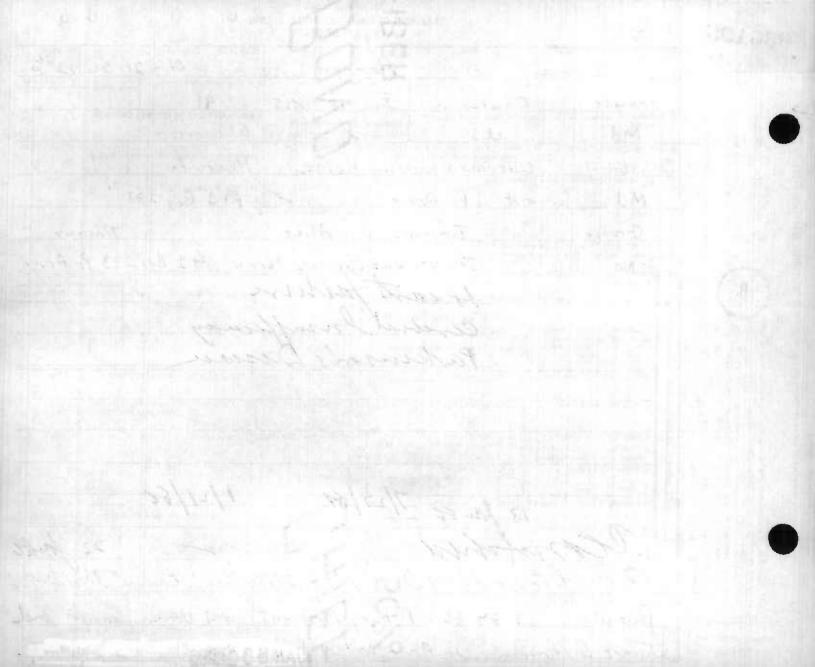
STATE OF MARYLAND

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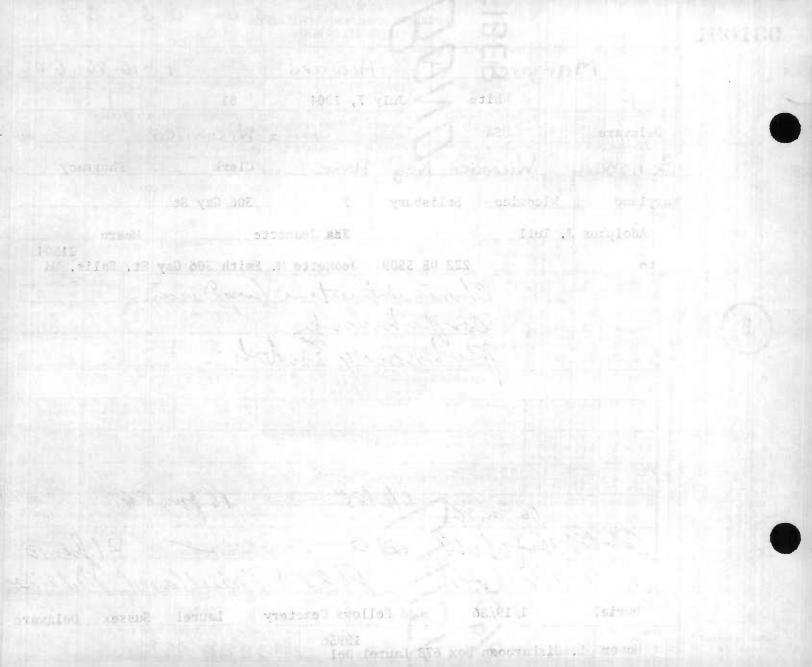
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036195	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 O	3 8 6
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
moy be poge 3	(IAbé	Emmo	L D	Hørner	0/	- 21-86 12 PM
You a	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
s ofte		Female	Caucasian	Jan 18 1895	91	YRS.
Pood in hours		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	9. BALTIMORE CITY OR	
Se Zol	(OUNTRY	2.11	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomic	O MD
de d	10 CI	TY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Softer of filed with	5	1sbury	WICOMICO	Vursing Home	Housewife	VORKING LIFE) INDUSTRY
e e e	.⊌5U	AL RESIDENCE (IF MURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION		10 cont
No 24 F	130.3	MATE 136 COL		TOWN 134 INSIDE CITY LIMITS?	R+1 Bey	222 -// /
YLA Plum Short	14. FA	THER'S NAME		15. MOTHER'S MAIDEN N	AME	
AR 1 11 /6/0	1	George	MIDDLE LAS	mens Alice	WIDDIE	Timmen
E. A		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
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BALTIMORE, MARYLAND BET PRESENTED THE 24 PROPERTY OF THE PRO	\vdash		anly one cause per line for politic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6 B B		PART I. DEATH WAS CAUS	SEĎ BY: ATE CAUSE (o)	an tanus	~	
N S		INUNE DI	DUE TO, OR AS A CONS	EQUIENCE OF A	, ,	
Money Company		Conditions, if ony, which	(b) C/20	ibed ment	lucy	
a a		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUIENCE OF	/	
by by		underlying couse lost	10 · Pa/	Kurson's D	isine	
20		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART TO
PRDS	S S					
I III	IFICATION	198 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A STATE OF	CERTIF				YES NO	YES NO
DIVISION OF VIT		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY I	N ITEM 18 PART I OR PART ?)
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SION THE PROPERTY OF THE PROPE	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR FOWN	COUNTY
IVIO	1	AT WORK NOT WHILE AT WORK		7/1/	1/1/	4
Z 0 8 3 4 8 8 8			spital) attended the deceased from	. / - /	10/1/6	, 19, that (I) (we) lost
THE COURT		sow the deceased alive of above [1] (we) (did) (did)	nat i view the Jody after death		n death occurred on the date	and hour and from the couses stated
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	23e. E	SURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY
BP	24.5	JNERAL DIRECTOR	112486	Hsbury Methodis	ATE REC'D. BY REGISTRAR 25	non Sommet Mal
DHMH - 16 50M 4/83	24 PI	NAME	ADDI	RESS	ATE REC D. BT REGISTRAR 75	B. REGISTRAN S SIGNATURE
(VRA 15, 4)	-	James L Hi	ones Pr	Ame, Md 21853 JA	N 3 0 1986 4	which burden fondelles -



031091	1.	FOR STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL H	YGHNE O REG. NO) 3	8	1
oy be deoth	(TYP)		gaveT RACE	T.	5 DATE C	How ard	20 DATE OF DEATH	MONTH DAY	-86	2b. HOUR 6 P M IF UNDER 24 HRS
oge 4 m	3 SE	F	White	-		7, 1904 YEAR	81	YRS.	DAYS	HOURS MIN.
eoth. P		RTHPLACE (STATE ORFOREIGN Delaware	USA	COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED !	* BALTIMORE CITY O		EATH	MD.
s offer d	5	alisbury	11. NAME OF HOSPIT.			Home	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O Clerk	ON 12 F WORKING LIFE) IN	kind of idustry harma	BUSINESS OR CY
And the sound th	13a :	STATE ISE COL		DENCE BEFORE IY OR TOWN	N	13d INSIDE CITY LIMITS?	306 Gay St	ZIP CODE	1401	
MARYLA d within pletely and 2 sh		ATHER'S NAME FIRST	MIDDLE TULL	LAST		IS MOTHER'S MAIDEN I	NAME MIDDLE	Hea	1AST	
MORE, pond for Poges		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	2 05		17 INFORMANT	ADDRE	SS		21801 . Md
ficote bi physicior popers. novol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for SED BY:			tueta a	(med)	_		ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that content infrose be executed within 24 hours restriction by been signed by the content of the property of the buriol-tronsit permit. Then please the content oppers. Poges is and 2 should be the ond Mental Hygiene prior to buriol, cremation, or removal. In and Mental Hygiene prior to buriol, cremation, or removal. Or shows ony injury, or other troumotic event, the medical examiner.		Conditions, if ony, which gove rise to immediate couse (6), stating the underlying couse lost.	DUE TO OF A	CONSTRUE	NCE OF	mel.	loh -			
RDS, 201 equires the signed Then pled r to burial injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITION CONTRIB	UTING TO D	EATH BUT	NO RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART 110	
he low roon. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES C	GS USED OF DEATH?
SICIAN: T ng physici certificate miol-transi entol Hygi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. M	RY Onth Da	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I C	OR PART 2)	
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TTENDIN spitol or STOR. Af for use of Health		220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did i	pital) attended the decea	osed from	4/6/	nd that in (my) (our) opini	on death occurred on the de	ote and hour and		oot (I) (we) lost ouses stoted
TAL OR A RAL DIREC detoched detoched rote Dept.		27 CONTURE ON	afile	4	m	DEGREE ATTENDING PHYSICIAN	MEDICAL SIAN	F	2 / L	IGNED FG
TO HOSPITAL TO FUNERAL should be det with the Store		COM TO	hell H	1		POB248	Fruell	and,	m	12180
BP		BURIAL, CREMATION, REMOVA	23b. DATE 1/19/86			lows Cemete	ry Laure	Suss		STATE Delaware
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR Homer L. Di	sharoom box	ADDRESS X 678	Laure	19956	PATE REC'D. BY REGISTRAR	25b. REGISTRAR'S		



FOR

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				1376		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT 4 RACE (IN YEARS LAST BIRTHDAY) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Wicomico WIDOWED IL CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Peninsula Ceneral Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ADDIESS ZIP CODE 21885 35Nn wein/Ul FATHER'S NAME IS MOTHER'S MAIDEN NAME 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PN tumasin ASPIRATION IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF INFAURLE Conditions, if any, which tursm gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. SEVENE CHREHEIP PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC ! NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from_ ____, that (I) (we) lost sow the deceased alive on_ and that in (my) (aur) apinian deoth accurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body ofter deoth. DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

25a. DATE REC'D. BY BEGISTRAR 25b. REGISTRAR'S SIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

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		REGISTRAR				CERTII	ICALE OF	DEATH	R	EG. NO.			
		CEASED NAME	FIRST	A	AIDDLE		AST		20 DATE OF DEA		NTH D	AY YEAR	26 HOUR
	TYPE	e OR PRINT) Mar	Y	Eliz	abeth	In	boden		Januar	y 2	0	1986	IP M
	3. SE			4 RACE	abcen	5. DATE O			6. AGE (IN YEARS	AST BIRTHDA		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female		White		MONTE 9	24	PERL	86		YRS	ONIHS DATS	HOURS MIN.
		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8			9 BALTIMORE	ITY OR C	OUNTY	OF DEATH	
2.		ne Grove Pa	a .	U.S.	Α.	WIDOWI	D NEVER	NORCED	Wic	omico			MD
		ITY OR TOWN OF DEA Salisbury	TH	127 CI	HOSPITAL, NU H FACILITY, GIVE SI VIC AVE	RSING HOME (OR OTHER INS	TITUTION	12a USUAL OCC (TYPE OF WORK FOR House W	MOST OF WO	ORKING LIFE		F BUSINESS OR
6		AL RESIDENCE IF NURS	136 COUN		13E CITY OR T		13d INSIDE C	ITY LIMITS?	13e STREET ADD	RESS / ZI	P CODE		
1		aryland	Wicor	nico	Salist	oury	YES 🔽	ACXXX	127 Civ	ic Av	e.,	21801	
2	fi FA	ATHER'S NAME		WIDDLE	LAST			S MAIDEN NA	MI	DDIE		Filber	
5.4	76. 1	Charles Fo		WED CORCECT	Anders of the social s			llie	Ire	ADDRESS		riiber	L
1		YES NO OR UNKNOWN)		E WAR OR DATES)	165-24		Maryel		Hickman	127		ic Ave.	
		18 CAUSE OF DEATH	H (Enter or	lly one cause per	line for (a), (b	ond (c							MATE INTERVAL
		PART I. DEATH W	AS CAUSE		CAR	DIKC	AKK	FST					
			IMMEDIA										
		Conditions if an	h = h	DUE TO, OF	CAALCONSE	OUENCE OF	5118	- Du	1				
		Conditions, if any, gove rise to imm	nediate	, p)—	0,77,70		DINL	1211					
		cause (a), statin underlying cause	g the last	DUE TO, OF	R AS A CONSE	OUENCE OF		UN.				1000	
				(c)		7							
	NO	PART 2 OTHER SIGN	NIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O TO THE TERM	NNAL DISEASE OF	CONDITI	ON GIVE	N IN PART 10	
A	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY			WERE FINDIN	
	TIF	10.00							YES NO	_ 1			NO [
1	CER	216. ACCIDENT WAS UND		21b. TIME O		DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PA	RT OR PART 2)	
1	AL	OR CONTRIBUTING C		110		DAT TEAK							
	MEDICAL	214 INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATIO				_	-	
-	M	WHILE NOT WH	ILE 🗌	(AT HOME STR	EET FACTORY, OFF	ICE FARM ETC)	STREE		CIT	Y OR TOWN		COUNTY	STATE
		220.1 certify that (I)		and national above		12/	6	86	- y	20/		. 86	1
d		sow the decease above, (1) (we) (d	ed olive on	1//	0 1	11	nd that in (my)	(our) apinian	death accurred an	the date of	and have	and from the	causes stated
		226 SIGNATURE	/	./	11		DEGREE			200		220 DATE	SIGNED
1		Will	Won	11 10	Mer			PHYSICIAN Z	MEDICAL DIRECTOR P	STAFF		1/2	0/84.
1		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)	275		22e ADDRES	S		1-11		1	/
		Dr. Will	iam H	. Robbin	ns		Civio	e Ave.,	Salisbur	y, M	ary1	and 218	301
		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO			COUNTY	STATE
		Cremat	ion	1-24-1	986	Delmarva	a Crema		Lewes		Susse		laware
1		UNERAL DIRECTOR		1 -		L S -		25a DAT	E REC'D. BY REGIS				
	- 3	Baker & Bo	unds	Salis	bury, T	Maryland		JAI	127.18	D 84	and the same	widow-A	at branch

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR = STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

-		REOISTRAN						REG. NO	J.		
1		CR PRINT	tha	MIDDLE		AST			MONTH	3 '86	2b HOUR
ł	3. SEX		4 RACE	Franc	S DATE (ARRETT		AGE LIN YEARS LAST BIR		IF UNDER I YEAR	0208 AM
1	J. 3EA	Female	Wi	hite	フージ	6-190		84	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN O	5. A.	RY? 8 MARRIE WIDOWE	NEVER MAR	RIED 📙	BALTIMORE CITY O Wicomico	R COUNT	OF DEATH	MD
1		Y OR TOWN OF DEATH			RSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCUPATI			OF BUSINESS OR
		lisbury		SUCH FACILITY, GIVES		spital		HOUSE	Wite	Wn	Mome
4	13a ST	LERESIDENCE IN NURSING HOME OF				13d INSIDE CITY I		AT 3 4	ZIP CODI	218	14
) A	EJUTOD T	761	Jzil	5m	15 MOTHER'S MA	DO	e MIDDLE	Dai	nn "	ST
	160. W		MED FORCES		7-9825	JEO T	eF	. Janet	SS	31.7	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse p ED BY. TE CAUSE (a)_	er line for (a), (b	1	Arnest -	Carel	line Arrest		BETWEEN	ONSET AND DEATH
		MMEDIA	201	OR AS A CONSE	0					17	
1	100	Conditions, if any, which	(b)_		ogenit .	Shock					
1		gave rise to immediate cause (a), stating the	DUE TO.	OR AS A CONSE	UENCE OF			Rate VOYST			
1		underlying couse last	((c)_	Hhero	sclerof	ie Hoart	1)13.	0052			•
1	7	PART 2. OTHER SIGNIFICANT			TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
	ě	Diebeks	Mellit								
i	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WE	IICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		S, WERE FINDIF	
4	E							YES NO	YE		но 🗆
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY A.M. MONTH	DAY YEAR	1216 HOW INJUR	Y OCCURRE	D ENTER NATURE OF INJUI	RY IN ITEM IB	PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINE		P.M.	19	111 105 11101					
١	WED	WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY OF	ICE FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1		220 1 certify that (2)(this hosp				,	9.83	to Jan		19 86	that (we) last
1		saw the deceared alive an abave (1) (we) did (did no	7 July view the boo	dy after death.) apinian de	eath accurred on the do	ate and hou	n and from the	couses stated
1		27b. SIGNATURE	20	11.		DEGREE	NDING	AMEDICAL STAT	E	22c. DATE	
1		22d PHYSICIAN'S NAME ITYPE	Nec	guez			SICIAN E	MEDICAL STAF	IAN 🗆	3 500	n 86
			- 1	1 6		22e ADDRESS	. 11-	0.1	O.v.	HJ 7	1853
4		William A		dfroy) Princess		, , , , , ,	1000
		URIAL EREMATION, MEMOVAL	III. DATE	181	NAME OF C	EMETERY OR PREA	MATORY	23d LOCATION	110	COUNTY L	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

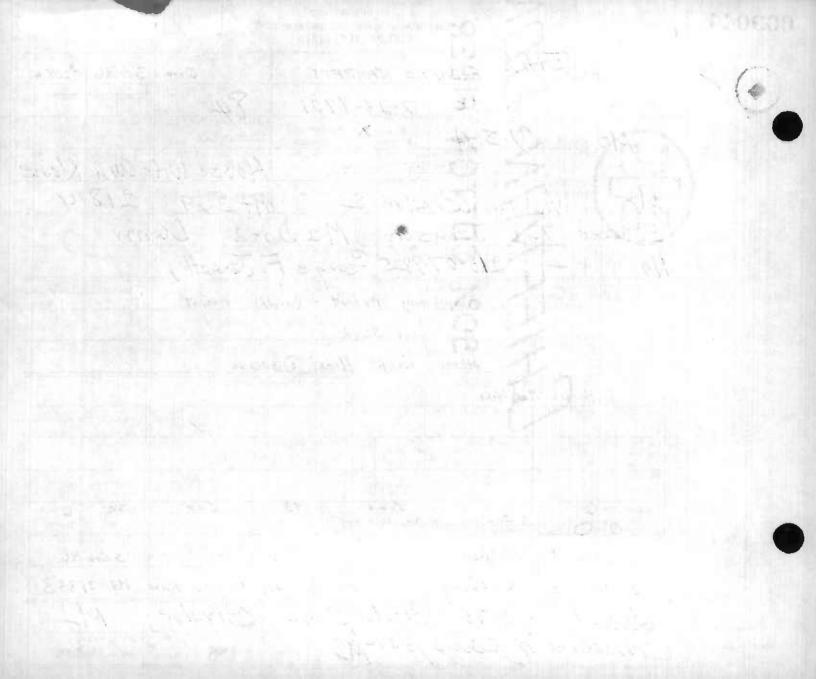
TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of Her

MPORTANT

4DING PHYSICIAN, The

TO HOSPITAL

injury, or other troun



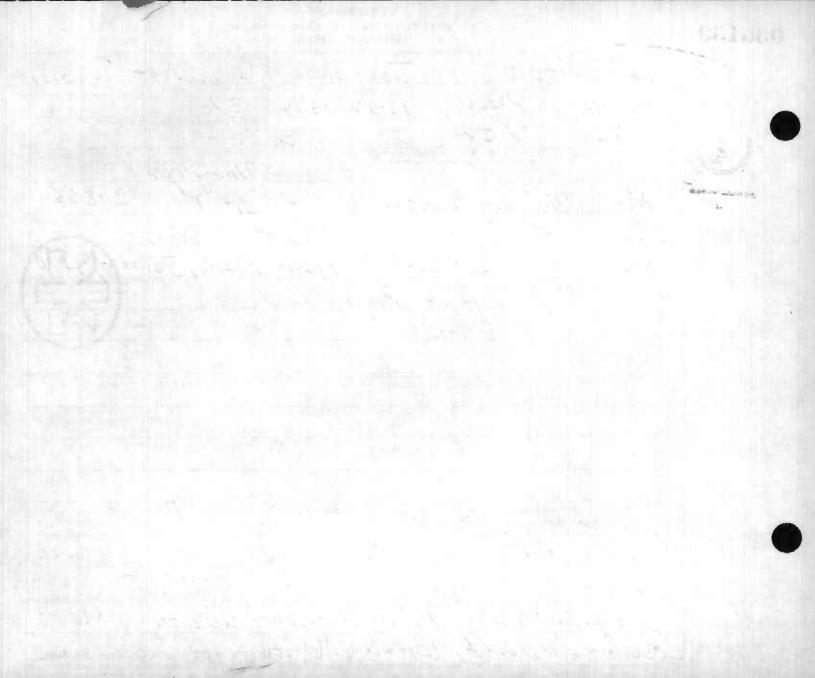
(VRA 15, 4)

FOR STATE REGISTRAR

036139

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
0	C/3×15		JONES	JANGIAN	
1.58	Forzlo	BIZZK	5. DATE OF BIRTH 12-23-1934	6. AGE TIN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
	IRTHPLACE TOTAL OF TORIGON COLLECTED	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	PR COUNTY OF DEATH
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII Peninsula Cener	WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION ATES HOSPITAL	176. USUAL OCCUPATI	WEST CHIEF INDUSTRY
1 1	AL HES DENTE IN HOME OF	OTHER SIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	ZIP CODE 2 1856
g 14 F	ATHERS NAME	Comica Que	15 MOTHER'S MAIDEN NAM	OST.	27835
20	Jamuel 7	Jones Jones	1/10/2	t MIDDIL	leeks LAST
		MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	1-9581 Marie	Black,	Jalislay, Md
t, the	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE		Pa. 1 S.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hc eve	IMMEDIA	TE CAUSE (a)	Menal Syna	nome	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ence of		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU			
6 10	underlying couse lost.	(c)			
NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PART 110
GIE	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
1	210 ACCIDENT WAS UNDERLYING		AY YEAR 216. HOW INJURY OCCURR		
MEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 216. LOCATION STREET	CITY OR TO	WN COUNTY STATE
		tal) ottended the deceased from			30 19 06 , that (1) (we) los
	saw the deceased alive an above. It (was laid raid no	1/30 19 19 19 19 19 19 19 19 19 19 19 19 19		eoth occurred on the de	ate and hour and from the couses stated
	1208-1	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
NA N	TH PHYSICIAN'S NAME (THE	event)	27e ADDRESS 1360	- 6	in St
		reall, MD.	Salish	uny Mi	240/
	BURIAL, CREMATION, REMOVAL (SPECIFY) BULLET	2/1/86 H	DAME OF CEMETERY OR CREMATORY	TO CATION TO CONTRACT	tico COUNTY Md. STATE
7/84 24 5	NEBAL DIRECTOR	Messel , ADDAST.	SILVE IVEL	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE



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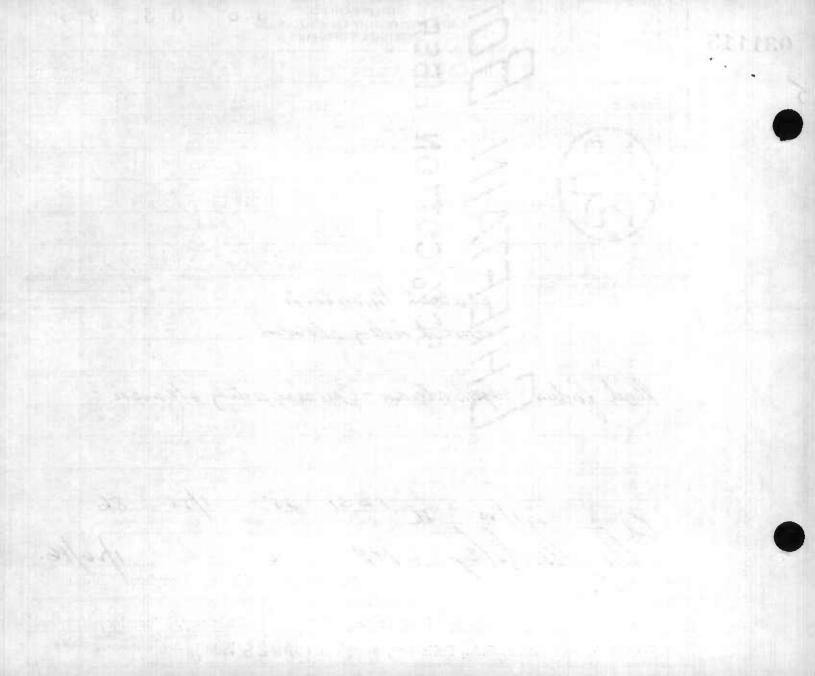
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	STATE OF MARTLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
TATE	CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTM	NENT OF H	EALTH ANI	MENTAL HYGI	ENE REG. NO	0 3 1,	9 5
1	1 DECEASED NAME FIRST	MIDDLE	ı	AST		20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
/	ETHEL	TYPE OR PRINT) ETHEL Kelley				JANUARY 25,1986 9:10 P		
1	3 SEX				WE AR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR		
	Female	White	MONTH 0	8 16	1907	78	YRS	YS HOURS MIN.
	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	D NEVE	R MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
7		Powellville, Maryland U.S.A.		DX	DIVORCED	WICOMICO		
1	SALISBURY	SALISBURY SALISBURY 11. NAME OF HOSPITAL, NURSIN SALISBURY NURSIN SALISBURY NURSIN			ISTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
			OWN 13d INSIDE CITY LIMITS?			13e STREET ADDRESS / ZIP CODE 21801		
1	T4 FATHER'S NAME Edward	Kelley			R'S MAIDEN NAM LLIE	AE MIDDLE		Patey
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR			Mrs. Mrs. Kenilwor	Ney (Daught alisbury, Md	er) . 21801	
	PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 20THER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig							
	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY			N WAS PERI	FORMED 9	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS USED SES OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	19	211 LOCA STRI	IION	ED (ENTER NATURE OF INJUR		STATE
White Work A work that (I) (this haspital) attended the deceased fram 1900, 100 and that in (my) (aur) apinion death occurred on the date and haspital (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								2, that (I) (we) last the causes stated
	DR. E. BEAR			Civio	Avenue,	, Salisbury, I	Maryland	21801
	23a BURIAL, CREMATION, REMOVAL				RCREMATORY	23d LOCATION	COUNTY	STATE
	Burial	1/28/1986 Po	arsons	Ceme			, Wicomico	
	24. FUNERAL DIRECTOR				ZSa DATE	REC'D. BY REGISTRAR	23b. REGISTRAR'S SIGN	ATURE AND

DHMH - 16 60M 7/B4 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland JAN 29 1985



STATE OF MARYLAND

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A.S.S. U.S.A.

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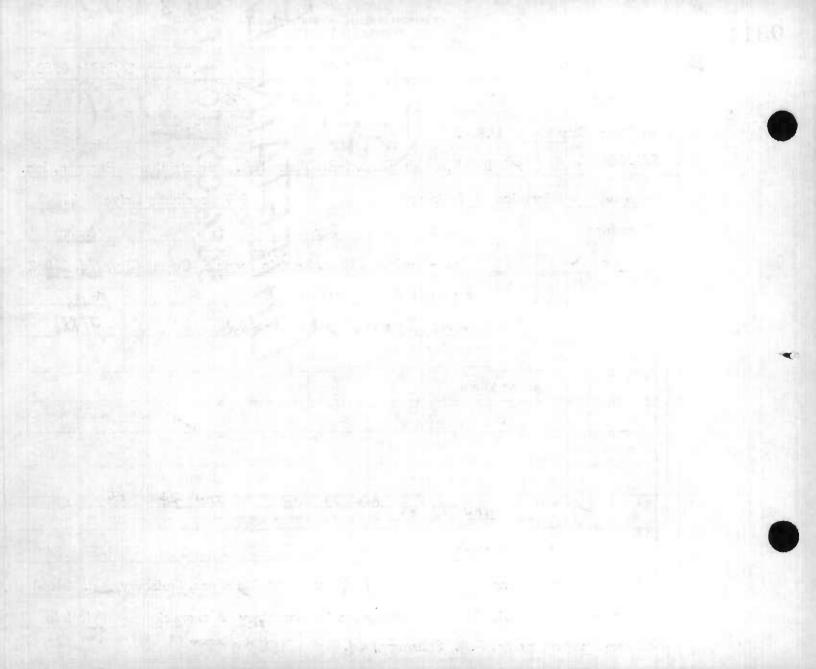
- wines Hills, Mc.

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Md.

DHMH - 16 50M 1/81

(VRA 15, 4)

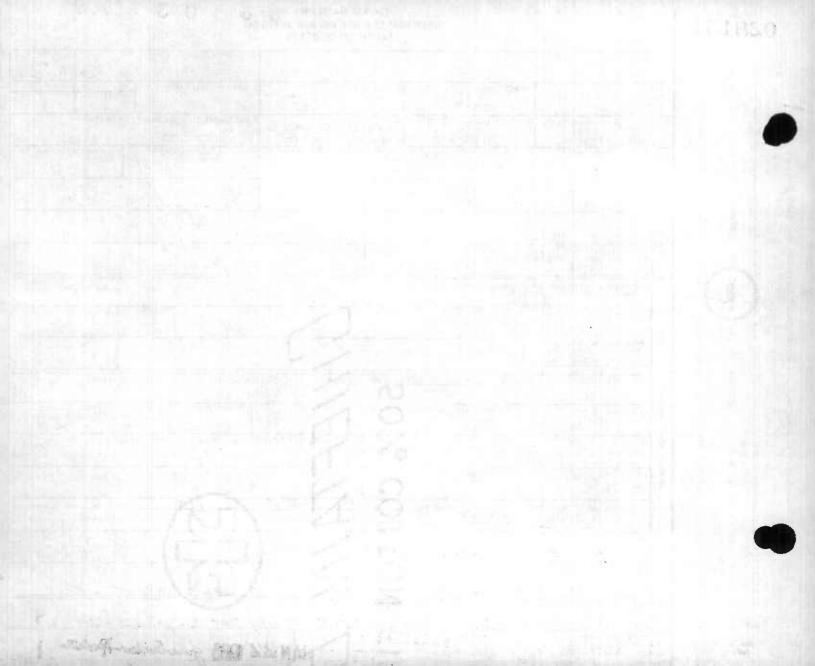


020230	1.	FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 0 3	9 8
Ox es e		CEASED NAME IMA OR PRINT) INA Kel	Ruth derhouse	Kel	derhouse	January 10,	1986 PER 126. HOUR
Page 4 may be director, page 3 hours after death	3. SE	Female	4. RACE White	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 68	IF UNDER 1 YEAR IF UNDER 24 HRS
ne funeral dire		RTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
by the fu	S	alisbury		ad Cente	r, Salisbury	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Hairdresser	Self-employ
filled in fould be in most of	13a.		NTY 13c. CITY O	e before admission) r town ptown	13d. INSIDE CITY LIMITS?	504 Railway	St./21861
ed within			artin Ba	rnett	15 MOTHER'S MAIDEN N	Eudora	Danials
n ond con con medical	160.	VAS DECEASED EVER IN U.S. AF VES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA VE WAR OR DATES) 056-	L SECURITY NO. 12-3539	Mary Ann	Popres. Henson Sharpt	Box 115 own, MD 21861 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the dear sen signed by the atten- t. Then please are at the burial, cremt, an	NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR Y	IG TO DEATH BUT		RMINAL DISEASE OR CONDITION (GIVEN IN PART 1101 YES, WERE FINDINGS USED
The law cian.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	WHICH OF ERAFIC			YES NO NO
G PHYSICIAN: ottending phys er this certifica is the burial-trar and Mental H ked or the	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE LIFETIMEN, NOTIFY MEDICAL EXAMINE ZId. INJURY OCCURRED WHILE NOTIFY MORE	ATH HOUR A.M. MONT	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL med by The Constrol or FUNERAL DIRECTOR: Aft uid be described for use or the Store Dept. of Health ORTANT: If Hem 21 is mor		220.1 certify that (I) (this hasp	at) view the body after death	19 A60	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	on death occurred on the date and the date a	120. DATE SIGNED / 1-10-8 6
TO HOSPITAL retained by the TO FUNERAL should be detain with the State D	22	K. Yoon, M.I		Tar NAME OF	Deer's He	ead Center, Salis	sbury, MD.
BP		BURIAL, CREMATION, REMOVA BUrial	1-12-86		own Firema	ans Sharptown	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	uneral director ZeTter Funer	al Home, Sh	DRESS	250. D	DATE REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE

JAN

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028131	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYD	GIENE REG. NO.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 AL CHAITENDING PHYSICIAN: The low requires that the dealer executed within 24 hours ofter death. Page 4 may be the hospital or otherding physician. AL DIRECTOR: After this certificate has been signed by the attent in the plant and completely filled in by the funeral director, page 3 letached for use as the buriol-tronsit permit. Then please remove achievement ages and 2 should be filed within 72 hours after death are Dept. of Health and Mental Hygiene prior to buriol, cremation or magnitude and achievement and mental is marked or tem 18 shows ony injury, or other troumatic event, the medical examiner part is marked at order.	1. DE	CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DA	YEAR THE HOUR
9 4 4		E OR PRINT	TT =	K'n//	11	LIE LIE
pog de	3. SE	Joseph *	Herman Marace	IS DATE OF RIDTH	A AGE (INIVERDS LAST BIRTHINAVI IE	00
1) + 50				MONTH DAY YEAR	MO	
ired age		Male	Caucasian	01 01 1900	11/2.	
F. 25 5	/0. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		FDEATH
deo deo		Delaware	U.S.A.	WIDOWED A DIVORCED		MD,
i 2 2 /	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR
- 0 . 5 . 5 . 7	100	alisbury				
din bou	USU 130.	AL RESIDENCE I F NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		17a STREET ADDRESS	210401
NN 24	18		cester Ocean C			ox 295
3 2 pp		ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
A P of the P	1	James				LAST
Se secret	160,0	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
W X u g		YES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	5920A Mrs Grad	re Redden O C	MD 21842
A 1 1 3				7		
en the section of the			nly one couse per line for (g), (b), one ED BY:	agnol herlar	0	BETWEEN ONSET AND DEATH
Z		IMMEDIA	TE CAUSE (o).			
OT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Condition If you while	DUE TO, OR AS A CONSEQUE	NCE OF		
e de of		Conditions, if any, which gave rise to immediate	(b)			
W. the control of the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
s the soleon riol, or o			(e)			
sign sign ben jury.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	I IN PART 1/o
0 e e e e e e e e e e e e e e e e e e e	CERTIFICATION	198. DATE OF OPERATION	18h CONDITION FOR WHICH	OBERATION WAS BEREORIED	Tan- ALITORCY2 Tank IE VEC 1	WERE EINIDINGS WAS I
REC Services by Se	F.	THE DAIL OF GLERATION	THE CONDITION FOR WHICH	OFERATION WAS FERFORMED	IN CERTIFYII	NG CAUSES OF DEATH?
TAI The noite has shown in the harmonic to the	E	218. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	Tale HOW IN HUBY OCCUP		
Physical Hyper Physic		OR CONTRIBUTING CAUSE OF DE		Y YEAR	KED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
NO FSIC ing cert virio Aenth	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED		19		
PH) end he b	MEC	21400-1401-1401-1401-1401-1401-1401-1401	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	STREET STREET	CITY OR TOWN	COUNTY STATE
DIV ING After os ti		AT WORK AT WORK		11,00		4/
NS ON			ital) attended the deceased from	, 19 270	211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION STREET CITY OR TOWN COUNTY STATE	
CT of the spirit		sow the deceased alive on above, (I) (wei (did) (did no	view the body ofter death.		death accurred on the date and hour a	nd from the couses stated
DIRE DEPT		22b. SIGNATURE	h/.		MEDICAL STAFF	224. DATE SIGNED
Y th y th XAL deto deto		N De	a perver			11/16/86
HOSPINION PRINCE BY FUNES WIND BE SUIT THE SI		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
O HOSPIT. To FUNER, should be dwith the Site		WILLIAM B	HURNER MD.	100 POINER	ST SALISBURY M	0 21801
5 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23a. E	BURIAL, CREMATION, REMOVAL		S. DATE OF BIRTH DAY MARK DAY DAY MARK DAY DAY MARK DAY DAY		
BP		Burial	1/18/86 Ev	ergreen Cemeter	Rerlin Word	
DHMH - 16 50M 4/82	24. FI	UNERAL DIRECTOR	108 Willi		E REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
(VRA 15, 4)		W.™Kirk Burba		n, MD 21814N	2 1008 Julie Devidon	Markett



BALTIMORE,

DIVISION OF VIT AL RECORDS.

turint Jan. 7. 19es Rello Caven Cem. Beilo Haven. Va.

For Funeral Name. Temperanceville, va. JAN 13 Hg of Linds - House

A STATE OF A 4775-11-2774

(4) E. . 64°45°

.4 .20-21 1 1 2

044009 LAST 20 DATE OF DEATH DECEASED NAME LIVPE OR PRINT CARL 1 - 29 - 86P. Lekites Jr. 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY March 28 1917 White Male TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Delaware USA DIVORCED | WICOMICO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PEF OF WORK FOR MOST OF WORKING LIFE) Retired SALISBURY NURSING HOME SALTSBURY USUAL RESIDENCE (# NURSII Sussex Selbyville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Delaware Dukes Street Ext. 15 MOTHER'S MAIDEN NAME A FATHER'S NAME Lekites Sr. Roxie Carl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 222-16-6334 Esther L. Lekites, Selbyville, DE 18 CAUSE OF DEATH (Enter only one cause per line for La), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF LE CVA'S Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF SEMENTIA cause (o), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO riol-transit entol Hygii 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 72786 abave, (I) (we) (did) (did not) view the body after death 22% SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS th the WILLIAM ROBINS, M.D. CIVIC AVE AND RT. 50, SALISBURY, MD. 21801 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Selbyville Sussex Redmen's Cemetery Burial 2-1-86

FOR

REGISTRAR

- STATE

16 60M 7-84

26 HOUR

12b. KIND OF BUSINESS OR

Lynch

INDUSTRY

11:00 AM

IF UNDER 24 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REG. NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

DE

and that in (my) (our) apinion death occurred on the date and have ond from the causes stated 27L DAJE SKINED

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

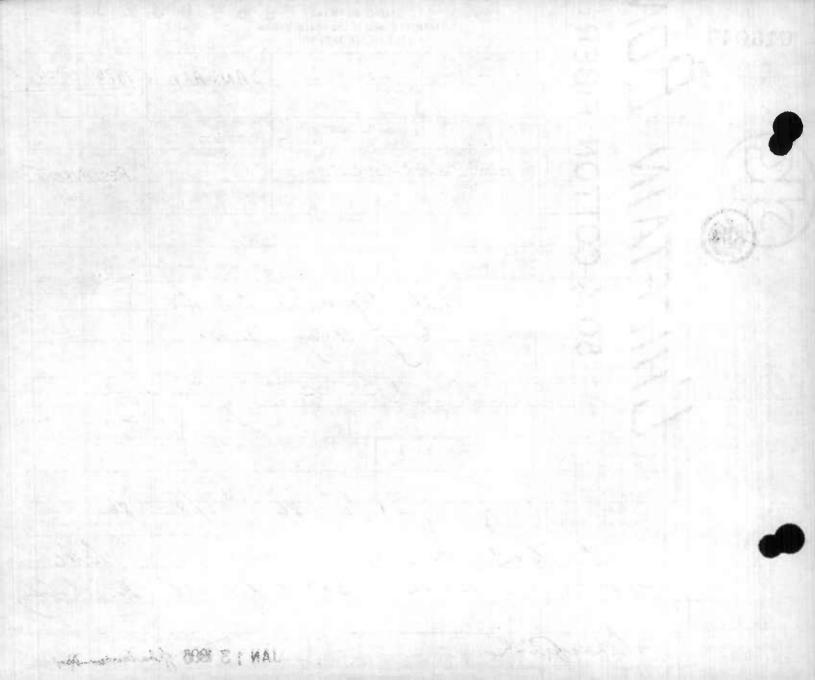


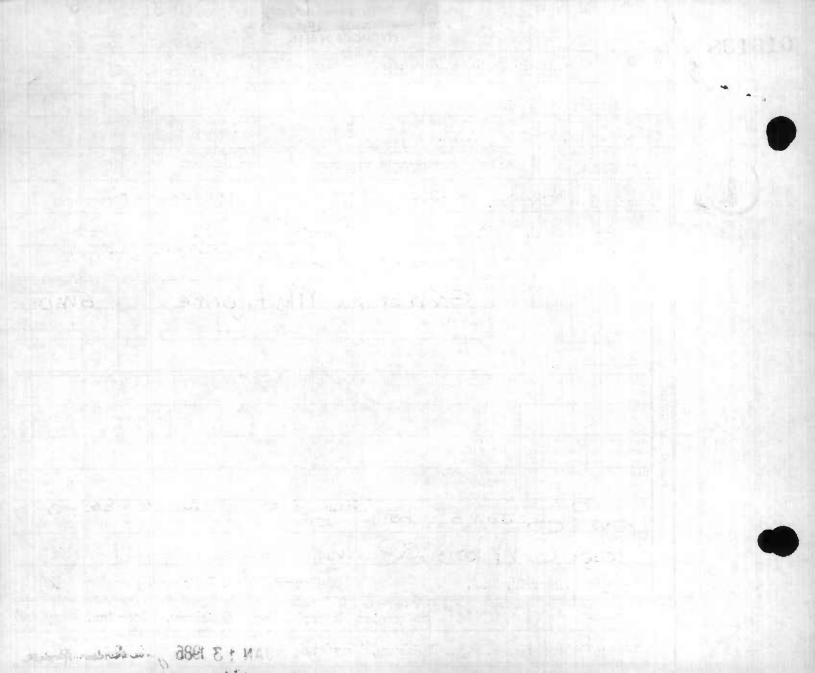
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DHMH - 16 60M 7/B4

(VRA 15, 4)





(VRA 15, 4)

34029	1	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND TEALTH AND MENTAL HYG TICATE OF DEATH	8 6 REG. N	0 3	20	7
ge 4 may be ector pene its ofter cent	_	CEASED NAME Beatrice MANNE LUNDGREN					DGREN	20. DATE OF DEATH MONTH 24 86 6:01]
) SE	Female		4 RACE White		DATE OF BIRTH MONTH MONTH TOTAL T		6 AGE (IN YEARS LAST BIRTHDAY) 87 YRS		IF UNDER 1 YEAR IF UNDER 24 H	
neral dir n 72 have		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		75 CITIZEN OF WHAT COUNTRY		? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO			
100	Sa	ALISBURY ALRESIDENCE (# NURSING HOME OR C STATE MD ATHER'S NAME		NTY 13, CITY OR TOWN				126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Seamstress Clothin			
	13a S					N	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Rt. 1 - Box 151		1 / 21817	
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Pages 1	Ióo V	VAS DECEASED EVEL VES NO OR UNKNOWN)		MED FORCES? 166 SOCIAL SECURITY NO 214-28-3194			Thelma Sterling - 281 Somers Co ve Apts. Crisfield, MD 21817			pts.	
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by the attending size remark carbon size remark carbon or remarkan, ar recorded to the resources of the reso		Canditians, if any gave rise to in cause (a), stati underlying caus	mediate ng the) (b)_	OR AS A CONSEQUE	11.8	ed affin	seleur	ís	4	ps.
signed Then plea to buriet injury, or	NO	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS C	ontributing to D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	,
has been permit.	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDITION FOR WHICH OF			N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VES		WERE FINDINGS USED NG CAUSES OF DEATH?	
TENDING PHYSICIAN. The pital or attending physical TOR. After this certificate if for use as the burial-transit of Health and Mental Hygie 21 is marked or item 18 sha	MEDICAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	"	DF INJURY .M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	I OR PART 2)	
		21d INJURY OCCUP	HILE		OF INJURY REET_FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (I) (this haspital) attended the decosed fram									
At DIREC detached are Dept IT. If Hem		Sell t	Luc	18			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN .	1/2:	5/86
etained by TO FUNERAL should be det with the State MAPORTANT.	1	DR. E	BEARI				Rt. 50 & Ci			ry, M	2180
BP		SPECIFY) Burial	, REMOVAL	1/27			EMETERY OR CREMATORY idge Cemetery	Cristiel	d - Son	erset	- MD ^{ATE}
OHMH - 16 60M 7/B4 (VRA 15, 4)		adshaw &	Sons -	Crisf	ield, ^MD`	218	17 250 DAT	N 3 0 1986	Julia Val	R'S SIGNAM	and alles

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 26. HOUR 20 28, 1986 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET_ADDRESS- ZIP APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO IT THE HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN DEAL OF PART IS OF PART IN STATE COUNTY and that in (my (Jour) opinion death occurred on the date and how and from the cause stated 22: DATE SIGNED DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A. Salisbury, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE wer dion-himself

26 HOUR

12h KIND OF BUSINESS OR

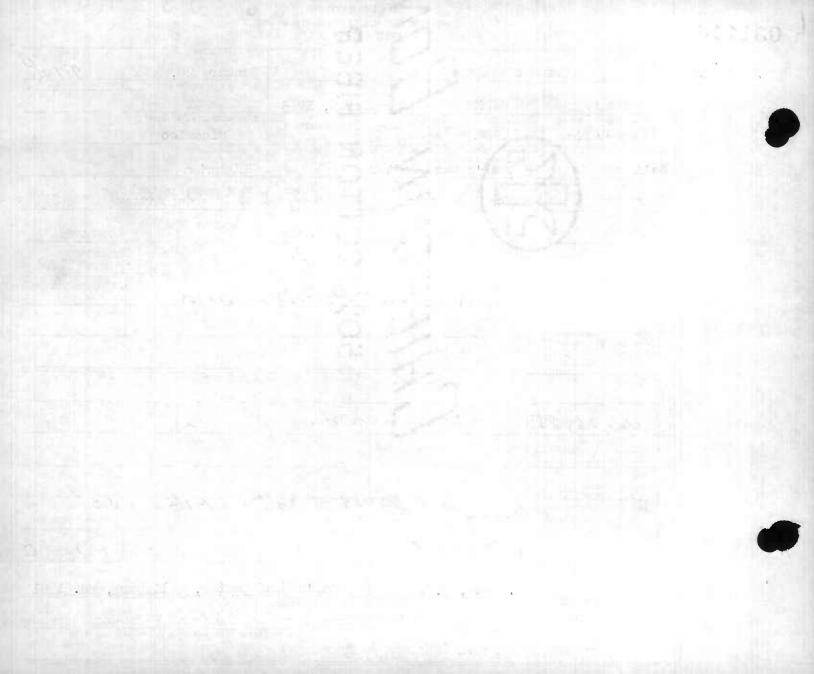
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BETWEEN ONSET AND DEATH

NO T

22c DATE SIGNED

21801



DHMH - 16 60M 7/84 (VRA 15, 4)

236 NAME OF CEMETERY OR CREMATOR

D-BY PEGISTRAR 756 REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

STATE

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126. KIND OF BUSINESS OR

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IF UNDER 24 HRS

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH . DECEASED NAME MONTH 2b. HOUR LIYPE OR PRINT MARY M. O'DAY 1-22-86 4:00P M 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 1898 White July Female TO BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Penna. WIDOWED DIVORCED WICOMICO COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Nursing Home Registered Nurse Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13c CITY OR TOWN 13 STREET ADDRESS / ZIP CODE Mt. Rainier 4113 - Russell Avenue Pr. Geo. Md. YES A 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE O' Day Wesley Mary Young 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 0. Box 266 (YES, NO OR UNKNOWN) 1942-1946 78-40-895 Yes Richard Hughes Pocomoke City. Md. 18 CAUSE OF DEATH (Enter only one cause per light for (g) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an .19 and that in (my) (a applican death accurred on the date and haur and Itam the causes stated 776 SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 724 MYSICIAN SERVE ITTE CHIMINI EARL M. BEARDSLEYM.D. CIVIC AVE, AT RT. 50, SALISBURY, MD.

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

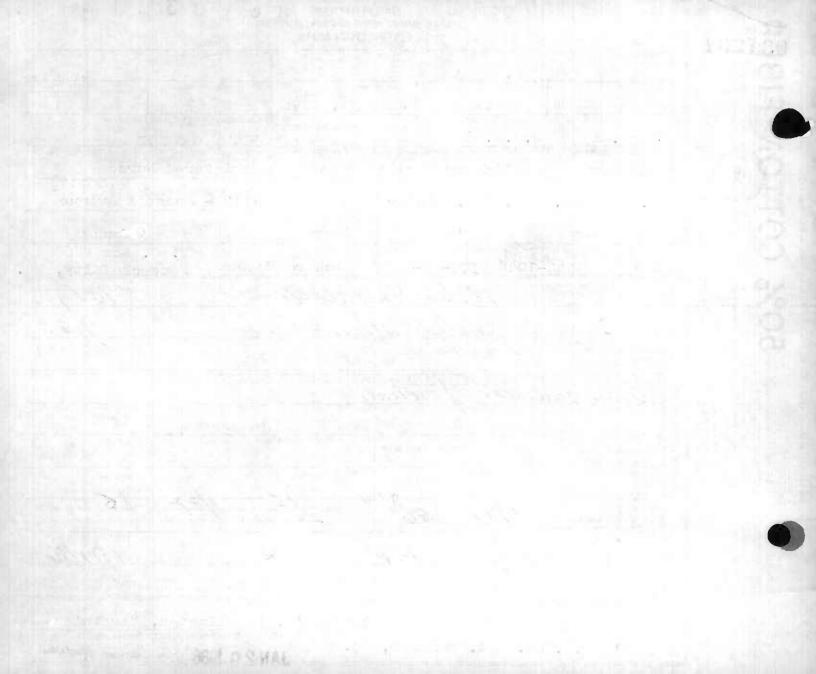
24 FUNERAL DIRECTOR Nalley's F.H. Inc. Mt. Rathnier, Md.

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

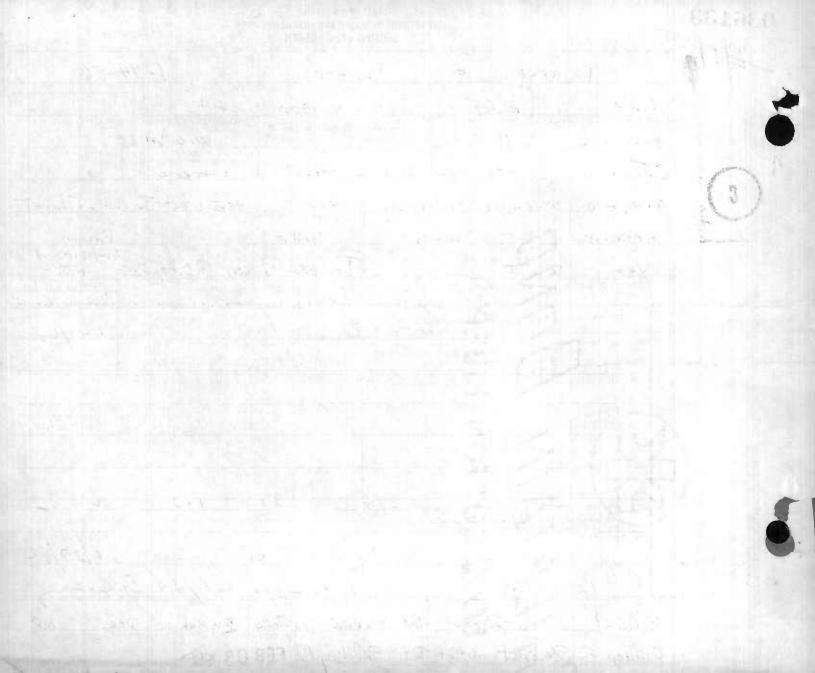
Arlington Nat'1. Arlington, Virginia 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1986 Gulia Davidson-Randelles

23d LOCATION



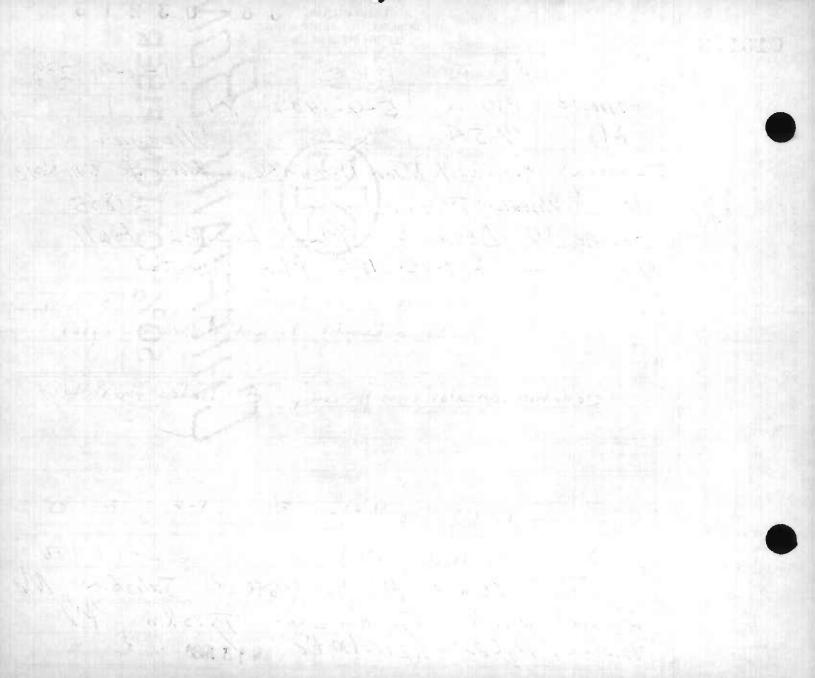
036133	3 1	STATE OF MARYLAND 3 6 U 3 4	
1 4	1	CFRTIFICATE OF DEATH	
40	es T	T. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
-571/1	1	PhiNEAS E PARSONS 1-14	4-86 "
	1		FUNDER I YEAR IF UNDER 24 HRS
A 10		Mule Black 7-9-1920 64 YRS	
2 22 4	20	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY	OF DEATH
	13	MARYLAND U.S.H. WIDOWED DNORCED WICOMIC	
N 1 21 1	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
8 6	6	SALISTICAL 405 WEST TSABELLA STEET LABORETZ USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 134 INSIDE CITY LIMITS? 138. STREET ADDRESS	21001
5 (G)	54		12/8/1
	-	Marylano Wicomico Sulisbury YES NO 405 WEST IGE	A DELIM STREET
3 1 17	21	HARRISON RARSON HAHIE	PARSON
3	7	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Maple wood
M and the	1	(YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! TERESON PARSON P.O. BOX 58	
ALT he S he S of	1	Vi8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. B		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive Least a carly	Inemedica o
N T T T T		DUE TO, OR AS A CONSEQUENCE OF	
18 1 1111		Conditions, if ony, which (b) HTEV()	1000
2 2 2111		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
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8 1111	_		, WERE FINDINGS USED
* 25 24 1	7	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, IN CERTIFY YES NO YES NO YES NO 1210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PA	YING CAUSES OF DEATH?
N N N N N N N N N N N N N N N N N N N	太		
D Da total	9	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
d American	1	214 INJURY OCCURRED 216 PLACE OF INJURY (IAT HOME STREET FACTORY OFFICE FARM ETC.) 217 STREET CITY OR TOWN	COUNTY STATE
Of 1 1 1 1		NOT WHILE AT WORK	
23 4 1 1 E		22a.1 certify that (1) (this haspital) attended the deceased from 3/9, 19 1, to 1/5, 1	9 06 that (I) (see) lost
A STATE OF S		saw the deceased alive an	and from the causes stated
24 845 4		DEGREE ATTENDING MEDICAL STAFF	220 DATE/SIGNED
Signal Control	-	PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	11/27/86
Post Post	11	(- H AD	. 0 0
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pp	1	TOPECIEV)	COUNTY
DHMH - 16 50M 1/81	2	15 LEDIA 1-20-86 Md VETERAW CEMITERY Duelah D 24 FUNERAL DIRECTOR 1250 DATE RECID. BY REGISTRAN 1750 REGISTRAN	POR MP
(VRA 15, 4)		Clifton F. Stewart west Rd Salisbury Nd FFB 03 1986	
	- 1	CITATION DECEMBER CORP. NO. 1 THE CORP. CO. 1 TO U.S. 1086	Take of the Control o

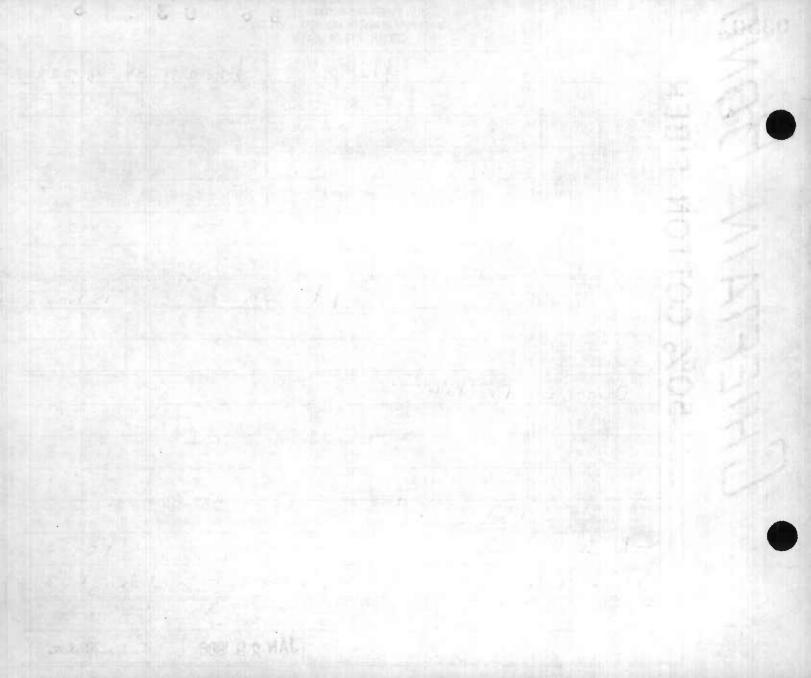
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	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgine 6 0 3 2 1 4	1
31120,		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOL	200
deo it		James		PENNICK 5. DATE OF BIRTH		10P,
1 10	2. SE	MALE	18/ACK	MONTH DAY YEAR AUGUST 30. 1928	S7 YRS. MONTHS DAYS HOURS	MIN.
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d with	A.E.	ATHER'S NAME FIRST MI	DDLE PERNIC	15. MOTHER'S MAIDEN N	IAME / MIDDLE LAST	ι
and co		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES!		- ADDRESS	An.
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Class Ti		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
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ATTENDIN houghtel or RECTOR, Alt had for use or pet, of Recital mm 21 is mor		22a.1 certify that (1) (this hospital sow the deceased alive on above. (1) (we) (did) (did not). 22b. SIGNATURE	1-26		on death occurred on the date and hour and from the causes si	toted
by the ERAL DIS		224 PHYSICIAN'S NAME STYPE OF	SI JUVI,	ATTENDING PHYSICIAN 220. ADDRESS		8
O HOSPITAL etoined by TO FUNERA should be diswith the Stell MAPORTAN		К.	Yoon, M.D.	Deer's Hea	DOLLED BUTTON	01
BP	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 1-31-1986	MONTH CEM	23d LOCATION LITYORTOWN LOCKCOUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR	LO C VIDERE	S FER / June 250. D	ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	ميالان







Borer h. Bisharmen box (78 Laure) bel lighters and parties of the

31.198	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
oge 3 death		CEASED NAME OR PRINTI	A	Resposs	JANU HAY	MONTH DAY YEAR 12 HOUR 18, 1986 64
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eath Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH
s ofter d		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula General		120 USUAL OCCUPATE LIVES OF WORK FOR MOST O	ON 176. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY
24 hour		STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	N 1136 INSIDE CITY LIMITS?	RINTER STREET ADDRESS	ZIP CODE FORT SALISBURY
mpletely ond 2 sh	14 FA	ATHER'S NAME FIRST	MIDDLE RES DASS	15 MOTHER'S MAIDEN NO	AME MIDDLE	nº mc Larse
n ond co Poges		VAS DECEASED EVER IN U.S. AR			E 39ASS	SS
physicio npapers: movol.		PART I. DE ATH WAS CAUSE	nly one cause per ling (or (o), (b), on ED BY: TE CAUSE (o)	hulmany and	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT AUS
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PHYSICIAN: The ending physicion this certificate the buriol-tronsit ad Mental Hygie dor Item 18 sha		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
ING PHYS After this costhe bur into and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	ARM, ETC.) 711 LOCATION STREET	CITY OR TO	WN COUNTY STATE
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TAL OR ATTER y the hospito tal DIRECTO defoched for one Dept. of H IT: If them 21 in		226. SIGNATURE	y M. Cum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPII ned b old be of the Si		22d. PHYSICIAN'S NAME (TYPE	A L WOOD	22e ADDRESS HM	1	141
Bb Shoot		BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION COLUMBIA	Tykellouniy No
DHMH - 16 60M 7/84 (VRA 15, 4)	2	FOOKS FUNERAL WEST RD. & BOOT SALISBURY, MO	TH ST.	250 DA	N 2 9 1986	ish REGISTRAR'S SIGNATURE

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A TABLE OF THE PARTY OF THE PAR HERE AND THE STREET OF STREET The party of the second

27056	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	2 0
noy be poge 3		OR PRINT) MARY	ELIZABETH BAI	OKS RICHARDSON	2a. DATE OF DEATH MONTH	16 86 900 AN
oge 4 mo	3 SE	FEMALE	NEGRO	S. DATE OF BIRTH	6 AGE (INYEARS LAST BIRTHDAY) 59 VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pe	7a. BI	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED UNIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMIC	CO MC
by the filed with	E	DEN	COLLINS-WHAR	F ROAD	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF returned - Mother	126. KIND OF BUSINESS OR INDUSTRY TOSTER PAGEN
AND 21	13 M	ARVIAND WIC	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW	/N 13d. INSIDE CITY LIMITS? YES □ NO 🔀	RT. #1, Box 52	5/21822
E, MARYL cuted with completely ond Z sh)	Robert R	RAyfield Ban	KS DOROTHY	Anna	GROOMS
MOR sond		No -	218-20-3	3229 Phillip Richa	ordson ADDRESS SQ1	above
ST., B.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ID BY: TE CAUSE (a) UREN			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce that the attending d by the attending lease remove carb ial, cremation, or r		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(5)	STATIC CARC		n
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DIVISION PING PHY	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NTEND or spital or cardinate of fer use of Heal		saw the deceased alive an above, (1) (we) (did no		, and that in (my) (ear) opinion	death occurred an the date and have	
the Direction of the Di			ex Z. Ban	THISTEIRI	MEDICAL STAFF DIRECTOR PHYSICIAN	1226 DATE SIGNED 1-17-86
TO HOSPITAL retained by th TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (LYPE O		3 17	MAINST SA	USBUAJ MG
BP		BURIAL, CREMATION, REMOVAL SPECIF	1/20/86 S	oringhill Memory Garde	23d. LOCATION SITY OR TOWN WICC	mica Mal.
DHMH-16 30M 2/80 (VRA 15, 4)	I	HEY MEMORIAL	Chapel Sai	isbury, Md.	MSD. MOOISTRAR 256-REGIST	KAR S SIGNATURE

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CERTIFICATE OF DEATH

2020-14-9----CHARLES AND AVER DE V. 1933.0 relaware Suesua Laural X witte oblantar off yes the control of the second that possible had been a second and a second buried out to the Odd Fellows Conserve Januari Sussect Delanure domen L. Dignercon now els Laurel Del 1995e A base Turk

	STATE OF MARYLAND	8 6
	DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
98	CERTIFICATE OF DEATH	

ywa way doon- gande

- STATE REGISTRATI 020323 REG. NO 20. DATE OF DEATH DESCASED NAME MONTH 2b HOUR William 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS EAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male MONTH Black To BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED ginia USA WIDOWED DIVORCED X Wicomico 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury MD Peninsula General Mardman Hospital aborer J. STATE 13e.STREET ADDRESS / ZIP CODE 1 13d. INSIDE CITY LIMITS? Md. Worcester Pocomoke YES X NO | 281 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST William Saddler Unknown Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT N. Hobart (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Philadelphia.Pa no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred an the date and have and fram the causes stated 77k SIGNATURE DEGREE 22c. DATE SIGNED ATTENDINGA MEDICAL PHYSICIAN PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 1-13-86 Coolspriang Girdletree Worsester.Md. 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE

arten Accomac, Va. 23301

DHMH - 16 60M 7/84 (VRA 15, 4)

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PIUSEO A STREET, STATE OF THE STATE OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTILL HYDIENE - STATE 016139 REG NO REGISTRAR DECEASED NAME 20. DATE KNOWN X LTYPE OR PRINTS ESTI-William DEATH MATED Howard Scott 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 1535 White 68 1986 Male TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH In RIPTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COLINTRY Maryland U.S.A. WIDOWED _ DIVORCED Wicomico CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 129, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Maintenance Salisbury Peninsula General Hospital foreman Har ri son 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Worcester Berlin YES Rt. 3. Box 516. Maryland 4-EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Effie Elexader Scott Daniel Rosa Bassett 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO YES, NO. OR UNKNOWN) I CIEYES GIVE WAR OR DATES! Peninsula Gen'l Hosp, Salisbury, MD 216-09-5910 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Dysrhythmia 50 mins IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic Heart Disease vears gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) WARDED TO THE CHIEF MEDICA PAGE 3 SHOULD BE USED AS A BI TATE DEPARTMENT OF HEALTH A 21201 PRIOR TO BURLAL, CREMA Pagets Disease CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 2 TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 2Te PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 220. I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my opinion PAGE 4 SHOULD TO FUNERAL DIRECTO AFTER DEATH, WITH THE RACTIMORE, MARYLA Notural couses Homicide L Undetermined monner deoth resulted from: Suicide TITLE (SPECIFY) ACTUAL 1-4-86 DATE SIGNATURE Bulkeley. M.D. Salisbury. ADDRESS 730 BURIAL, CREMATION, REMOVAL 236, DATE Burial Mb Berlin 1/8/86 Evergreen Cemetery Worcester 07/84 BP 2544 74. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 108 Williams Street DHMH - 17 Kirk Burbage, (VR A15 ME (5))

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- Marine Committee of the Committee of t

AND A PERSON OF THE PERSON OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

3 2 2 5

	REGISTRAR					IIIICAIL OI DI		REG. N	10.				
	CEASED NAME	FIRST	۸	AIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
	1	toth	one F	R. 50	mele	sr.			Jas.	15	86.	12%	SOPM
3 SE	X		4 RACE		0.0.	TE OF BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER	_	IF UNDER	
M	ale	450	White			0. 14. 190	O3	82	YRS	MONTHS.	DAYS	HOURS	MIN.
70. B	IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COI	UNTRY? 8	RIED NEVER M.	ADDIED []	9 BALTIMORE CITY		Y OF DE	ATH		
no.	enna.		U. S. A	١.			ORCED	Wicomic	20				MD
	ITY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL,	NURSING HOM	AE OR OTHER INSTI		120 USUAL OCCUPAT	TION			F BUSINI	
S	alisbury				NE STREET ADDRESS)	sing Home	2	Electricia			USTRY	Wate	r Ind
USU	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDEN	ICE BEFORE ADMISSI	(NC						1000	2 211
	ryland	Wicon			isbury	13d INSIDE CIT	NO []	13e.STREET ADDRESS Alabama Av		1801			
14 F	ATHER'S NAME	7 1				15 MOTHER'S		ME	6. 4	TOOT			
J	oseph W. Se		MIDDLE	· ·	AST		ath Ers	ances Pfing	reton		LAST	ī	
	WAS DECEASED EVER I			16b SOCI	AL SECURITY NO			ADD	RESS				
N	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	170-0	09-4706			703 Spri er Salisbur	ng Av	e. 21	901		
- 11	T	A.C.A.				Joseph	Sellie Te	er sallsbul	у, Ма	• 41	APPROXI	MATE INTE	RVAL
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly one couse per DBY	line for (o)	Coral -	-0.0	1-00					1	DEATH
		IMMEDIAT	E CAUSE (0)	Coro	core are	Cuconi	1084				nen	Le Pay	2
			DUE TO, OF	RASACO	NSEQUENCE O	F	Λ			- 1			
	Conditions, if ony,		(b)	Cone	arel C	a trinos	Sclour	Hu.			CD	ou	
	gove rise to imm couse (a), stating		20112.20.00		NSEQUENCE O		175				X		
	underlying couse		DOE TO, OR	R AS A CO	N SEQUENCE O	-				- 1	U		
	DART 2 OTHER SIGNI	IEIC ANIT C	ONDITIONS CO	ALITRIBLIT	NG TO DEATH	PLIT NOT BELLATED 1	O THE TERM	INAL DISEASE OR COM	ID IT ION C	DATE DE LES	DART I		
NO	THE CHIEK SIGIV	II ICAINI C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IO DEATH	JOT NOT KEENIED I	O THE TERMI	II AL DISEASE OR COI	ADITION GI	A ELA ILA P	AKI IIO		
CERTIFICATION	190 DATE OF OPERAT	ION	19b CONDI	TION FOR	WHICH OPERA	TION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YE	S, WERE	FINDIN	IGS USE	D
IFIC								YES TO NOTE	IN CERTI	IFYING C	AUSES	OF DEAT	TH?
ERT	21g. ACCIDENT WAS UNDE	ERLYING T	21b. TIME O	FINJURY		21c HOW IN II	JRY OCCURR	ED (ENTER NATURE OF IN)			PAR! 2)	NO [
	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MON	TH DAY YE	AR	OCCORR	(ENGLER AND DRE OF IN)	par as item 18	ART TORP	-Mes 27		
WEDICAL	(IF EITHER NOTIFY MEDIC		21e, PLACE C			9 211 LOCATION	VI						
ME	WHILE NOT WHI				OFFICE, FARM ETC			CITY OR T	NWC	cou	YTHI		STATE
	AT WORK AT WOR	K C					77		-	0	1		
	220.1 certify that	this hospit	ol) ottended the	deceosed	1.1	+ 25	19 85	_, 10 DAN	15	1900		thot 🗯 (.,
	sow the deceased	d olive on, id) (did no l	view the body	ofter death	1984	, and that in (my) (c	our) opinion d	death occurred on the o	dote and ha	ui and fre	om the c	couses st	oted
	226. SIGNATURE			11		DEGREE		1		220	DATES	SIGNED	
	the	LID.	1 0	Hi	el n.	M. () AT	TENDING HYSICIAN	MEDICAL STA	CIAN		1/16	1/21	6
	22d. PHYSICIAN'S NA	ME (TYPE O	PRINT)		1	220 ADDRESS	01 11	1 0	0 1	,	110	10	
	THOMAS	C.	Hill	IR.	V	PINO	Boll	Road	Sol	shu	en	Me	(
23a 6	BURIAL, CREMATION, R	REMOVAL	23b. DATE	31	23¢ NAME C	F CEMETERY OR CE	EMATOR	123d LOCATION			-	1 (
	Cremation	T. TOTAL	1-16-1	986		va Cremat		CITY OR TOWN	Issex	COUNT	awar		STATE
	UNERAL DIRECTOR		T TO .T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dermar	va oremat		REC'D. BY REGISTRAN					
1	NAME	-		Al	DDRESS			REC D. BY REGISTRAN		TRAR'S S	MAIL	UKE COUC	

DHMH - 16 60M 7/B (VRA 15, 4)

Marvel-Short Funeral Home Delmar, Del. 19940

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND A		IENP	REG. NO.	3 2	6	Ò	
		CEASED NAME	FIRST	~	AIDDLE		AST		20 DATE OF	DEATH MO	NTH DA	Y YEAR	26 HOUR	1
			MARG	ARET	1-	3,	MACK			/	8	86	1.4	OAM
	3 SEX			4 RACE		5. DATE C			AGE INYE	ARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 2	
	Fe	emale		Cauca	sian	07	08	1923	62		YRS	DAYS	HOURS	MIN.
E		RTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9 BALTIMOR	RE CITY OR C	OUNTY	OF DEATH		
1	Ma	aryland		U.S.A	•	WIDOWE	D DIV	ORCED [Wicom	ico				MD.
9	10 CI	TY OR TOWN OF DE	ATH		OSPITAL, NURSIN		OR OTHER INST	TUTION	120 USUAL C	CCUPATION FOR MOST OF WO		126. KIND C	F BUSINES	SSOR
		lisbury			ula Gener		spital		hou	sewif	е			
Z	30 S	AL RESIDENCE (IF NUR	136 COUN	ITY	13c CITY OR TOW	'N	13d. INSIDE CI	TY LIMITS?	13e.STREET A	DDRESS / ZI	P CODE			
1	-	aryland	Worc	ester	Berlin		YES 🔀	NO []		Box	367	, 218	11	
Ú	I4 FA	THER'S NAME		MIDDL€	LAST		15 MOTHER'S	MAIDEN NAA	ΑE	WIDDLE		LA5	ī	
U	Es	scle			Bake	r	Marg					Tr	uitt	
n		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17_INFORMAL	VT		ADDRESS	O. F	3ox 3	67	7
-	No	YES, NO OR UNKNOWN)	IN AF? CIA	E WAR OR DATES)	218 82	9589	Calvi	n Smac	ck. Sr	Be	rlir	n. MD	21	811
		Conditions, if ony gove rise to im cause (a), stati underlying couse	IMMEDIAT r, which mediate ng the e last	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	CARDIO I RAS A CONSEQUE PNEUI RAS A CONSEQUE CHRONI DITRIBUTING TO I	ENCE OF ENCE OF	A.	ICT IV	EL				0	
	NO N	D DIABES	TES	(2) Co	NEEST 10	15 h	+CART	FAILU	RE					
7	CERTIFICATION	190 DATE OF OPERA		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTO			WERE FINDING CAUSES		
7		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	117	M. MONTH DA	AY YEAR	21c. HOW IN.	IURY OCCURR	ED (ENTERNAT	URE OF INJURY IN	ITEM IB PAR	IT I OR PART 2]		
	MEDICAL	21d INJURY OCCUR	THILE []	21e PLACE C	OF INJURY BET, FACTORY, OFFICE F	ARM ETC)	211 LOCATIO	N		CITY OR TOWN		COUNTY	51	ATE
		22a.1 certify that A saw the decease above. (Mwe) (sed olive on.		19_	86 ar	nd that in 1947	our) opinian c	, ta	d on the date	and have d		that (w couses sta	
1		226 SIGNATURE Oun	is g	Chodn	, .	M	. U . P	TTENDING HYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	4 🗆	22c. DATE	SIGNED	
-		22d. PHYSICIAN'S N	AME (TYPE O	R PR(NT)			22e ADDRESS							

TO FUNERAL DIRECTOR, After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bit MPORTANT: If Hem 21 is

(VRA 15, 4)

DHMH - 16 60M 7/B4

1/10/86

236. DATE

23a BURIAL, CREMATION, REMOVAL BURIAL

NAME OF CEMETERY OR CREMATORY 23d LOCATION CITYOR TOWN
EVErgreen Cemetery Berlin

21811

STATE MD

24 FUNERAL DIRECTOR Williams Street 108 Kirk Burbage, Berlin, MD

etery Berlin Worcester

Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The state of the s

lifted in by the funeral director, page 3 pull be filled within 72 hours ofter death certificate be executed within 24 hours TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physicion should be defoched for use as the burial-transit permit. Then please remove corbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal_t requires that the ATTENDING PHYSICIAN: The low retained by the haspital or otherding physician.

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

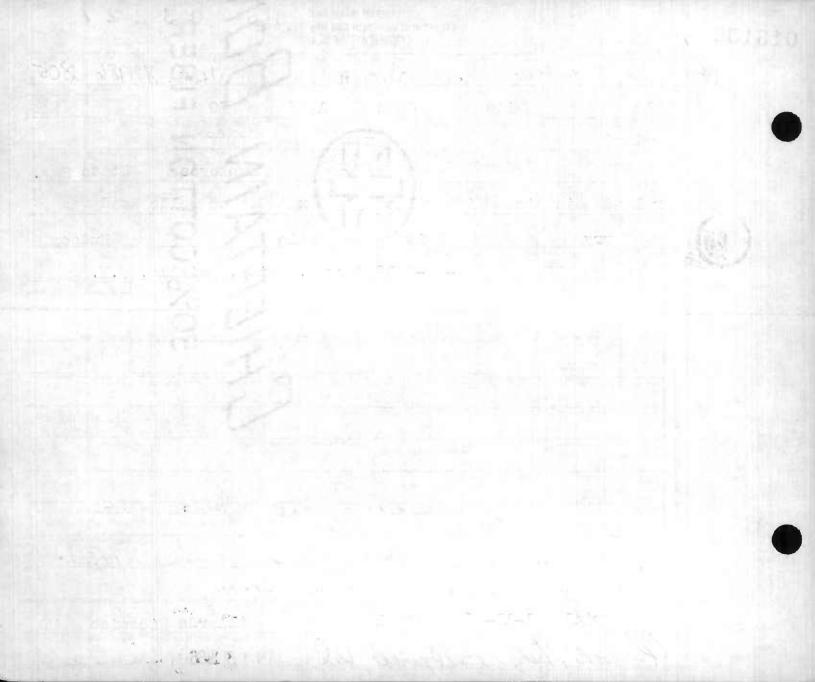
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI STATE OF MARYLAND

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	3 2	3 2 2

LDE	STATE REGISTRAR		PARTMENT OF HEA	ATE OF DEATH	REG. NO),	385	
	CEASED NAME FIRST	MIDDLE	Q LAS		2a. DATE OF DEATH	MONTH DAY	001	26 HOU
	Che	ster F.	om	ITH	VAI). 8,1	986	10
3. SE		4 RACE	5 DATE OF		& AGE (IN YEARS LAST BIRT	MON'	MDER I YEAR	#F UNDER
	lale	White	June	8 1915	70	YRS		
Ma	RIHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED		Wicomico	COUNTY OF	DEATH	
	Lisbury	Peninsular C			OSUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	WORKING LIFE)	State	
130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13) COL	UNITY 136 CITY O	RTOWN	34 INSIDE CITY LIMITS?	Casher We	ZIP CODE R	oad!	86
14. FA	ATHER'S NAME	MIDDLE LA		5 MOTHER'S MAIDEN NAM				
	Harry		Smith	Belle	MIDDLE		Huc	lson
	WAS DECEASED EVER IN U.S. A			1 INFORMANT	ADDRE	SS	21000	
	YES, NO OR UNKNOWN) (IF YES, O	I 202-	22-8736	Gary C. Sr	ith. Thie	ells.	N.Y.	
	18 CAUSE OF DEATH (Enter of	only one couse per line for ia).	(b), and (c)				APPROXIM BETWEEN OF	ATE INTER
3	PART I. DEATH WAS CAUS	SED BY ATE CAUSE (0)	neho pre	Museum			.,,,,,,	
	IMMEDIA	. 0		TIME LEVEL	NUMBER	Second		
	Conditions, if any, which	DUE TO, OR AS A COM	les Chim	1 The len				
	gove rise to immediate couse (a), stating the) (D)		1		7		
	underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF					
	PART 2 OTHER SIGNIEIC AND	(c)	G TO DEATH BUT N	OT BELATED TO THE TERM	INIAI DISEASE OB CONS	UTION CIVEN	INLIDADT 1	
Z	TAKE 2 OTTEK SIGINIFICATO	CONDITIONS CONTRIBUTION	O TO DEATH BOT IN	OT RELATED TO THE TERM	INAL DISEASE OR COINE	IIION GIVEIN	IN PART HO	
ATIC	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
IFIC					YES TO NOT	IN CERTIFYIN	G CAUSES C	NO T
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR	120	_	2	,,,,
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONT	H DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	WHILE NOT WHILE	(AT HOME STREET FACTORY,		STREET	CITY OR TOV	VN.	COUNTY	ST
ME	AT WORK AT WORK		12/2	6	10 Men 18		86	
WE		pitol) oftended_the deceased	trom / / /	10 /	in faces (10/	1	not (I) (w
ME	220-1 certify that (I) (this has		67/	that in the law cours and		to and have	d from the	
ME	sow the deceased alive a above, his well (did) (did n	on	19_96_, ond	that in my (our) opinion o		te and hour an		
ME	sow the deceased alive a obove. (1) we (did) (did no 22b. SIGNATURE	not) view the body ofter death. Justlez V	19 <u>96</u> , and DE	GREE ATTENDING PHYSICIAN E		F _	22c DATES	
ME	sow the deceased alive a above, his well (did) (did n	not) view the body ofter death. Justlez V	19 <u>96</u> , and DE	GREE	MEDICAL STAF	F _		
23a E	sow the deceased alive a obove. (1) we (did) (did no 22b. SIGNATURE	Insley In	19 <u>36</u> , and DE Mi	GREE ATTENDING PHYSICIAN E	MEDICAL STAF	F IAN []	22c DATES	
23a E	SOW the decented live of obove. It we did did a 27b. SIGNATURE 172d. PHYSICIAN'S NAME LIVE BURIAL, CREMATION, REMOVA BURIAL DISPECTIVE BURIAL	and view the body ofter death. Andley V OR PRINT! INSIEY IN AL 236 DATE	19 96, and DE ME 23¢ NAME OF CEA	ATTENDING PHYSICIAN E	MEDICAL STAF DIRECTOR PHYSIC	Fan D	22¢ DATES	IGNED 8



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3192	1 "	STATE REGISTRAR		MEDIC	CAL EXAMIN	NER'S C	ERTIFICATE C	OF DEATH	REG. NO	0.		
		CEASED NAME F	IRST	MR	ODIE	i	AST	2a DATI	E KNOWN D	HINOM	GAY YEAR	26. HOUR
1.	/		arles		Ψ.	St	tout	DEAT	H MATED	1	5 19 86	103
0	1 58		5. DATE OF	BIRTH	YEAR LAST BIRTHE	EARS IF UNE	DER I YR. IF UNDER	R 24 HRS. 2c. DA		MONTH	DAY YEAR	24. HOU
	1	Wale Whit		12		rs.	DATS HOURS	DE.		1	5 19 86	103
1	Fa: B	THE ACE (STATE OR	7b. CITIZEN		COUNTRY?	8. MARRIE	D XXEVER MARK	PIED 9 BALT	IMORE CITY	OR COUNT		
7		Maryland		U.S	.A.	WIDOWE			Wicomi	co		M
7	10 C	ITY OR TOWN OF DEATH			AL, NURSING HOM		RINSTITUTION	12a USUAL OCC	UPATION (TYP	PE OF WORK	126 KIND OF BU	
1	12	Salisbury			la Gene		Iospital	Steam		(NED)	OK 111000)	
1	USU.	AL RESIDENCE (IF IN NURSING		UTION, GIVE RE		LODGE III	-	13e STREET ADD	RESS	W. Y	2184	2
7			orchester		Ocean Cit	ty	136 INSIDE CITY LIMITS? YES NO	13336	Nan T	ucket	Drive	
5	14. F	ATHER'S NAME	MIDGLE		LAST		15. MOTHER'S MAID		WIGDLE		LAST	
ľ	1	John			Stout			Known			Molloy	
7	16a. \	WAS DECEASED EVER IN U	S. ARMED FORCES		SOCIAL SECURI		17 INFORMANT		ADDRESS		21239	
	1	No		2	12-05-442	21	Charles !	H. Stout	1820 W	adswo	rth Way	
		18 CAUSE OF DEATH (E	nter only one cause	per line far	(a), (b), and (c).)	113					APPROXIMAT BETWEEN ONSE	E INTERVAL
		PARTIDEATH WAS C	AUSED BY:	Art	erioscl	eroti	c Cardi	ovascula	ar Dis	sease		
5			DUE	TO, OR AS	A CONSEQUENCE	OF						
		Canditions, if any, gave rise to imm		1								
		cause (a) stating the lying cause last.		TO, OR AS	A CONSEQUENCE	OF	-					11-11-1
		lying coose lost.	(c))		40.7				200		
	z	PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING T	O OFATH RUT N	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a)			7 7 7	
-	MINON	90. DATE OF OPERATION	V 119h (CONDITION	N FOR WHICH OPE	RATION WA	AS PERFORMED?				20 AUTOPSY	12
9	18										YES 🗍	
F	1 5	210 EXTERNAL CAUSE W	'AS 21b. 1	TIMÉ OF INJ	JURY	21c HO	W INJURY OCCURR	ED LENTER NATURE OF	INJURY IN ITEM TO	PART I OR PAR		NO D
P	1 of	UNDERLYING OR		UR A.M. M	ONTH DAY YEA	R						
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	差	WHILE NOT WHI	LE ST	REET, FACTORY,	FARM, ETC.)	ST	REET	CITY OR	town	cou	INTY	STATE
								-	[3]			
		220. I certify that I tool						n Inqui	y XX or	nd in my ap	inian	
		death resulted fram:	Natural causes	, Acc	cident, S	uicide	Hamicide	Undetermined	manner,			
		ACTUAL C	1	13	1 1.		TITLE (SPECIFY)			DATE	4 5	00
ê	1	SIGNATURE	sun's	00	ucher	M.	Deputy	MEDICAL EX	AMINER	DATE	_D 1–5-	-86
1	V	EXAMINER'S NAME	Toba M	D. 1 B-	07 0 1//	7)	Col.	i abaana	M T	l and		
	730 8	(TYPE OR PRINT) URIAL, CREMATION, REMO	Tohn T.	DULK	eley, M		DDRESS_Sal	1992 LOCATION	Maryl			
	130.0	Burial	Jan 8	1986	Most H			CITY OR TOWN	altimor	COUN		vland
	24 F	UNERAL DIRECTOR					25a. DATE	REC'D. BY REGIST	RAR 25b REG	ISTRAR'S SI		Land
	1	Leonard J.	Ruck. Inc	ADDRESS BA	ltimore.	Marvl	IAL JAN		1 Juni			1115

STATE OF MARYLAND

.A.E.D bort-to argiand concens or the little 1955 inn Euch-villing TABLE TELEVISION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P Districted priorities removes what the deal delice Lorenza J. 1808, 100. 1111 ord, Marylani

TORYNE . . MAN--In the Land of the Colones - Laborate - Willer - Detilit

STATE OF MARYLAND

ACCUSATE AND ADDRESS OF THE PARTY OF THE PAR I help a seem store that

director, page 3 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPIENE

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1-	STATE REGISTRAR			DECARIN		CATE OF D			NO.				
	CEASED NAME	FIRST	/	MIDDLE	į	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	UR
{ TYPE	OR PRINT)	GLADYS		Belle	TIL	GHMAN		1000	1	-3-8	6	12:5	52A
3. SE)			RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER	
1	Female			White	Octol	per 18,	1903	82	YRS	MONTHS	DAYS	HOURS	MIN
	RTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER A	ARRIED	9 BALTIMORE CIT			ATH		
	laryland		US	A	WIDOWE		ORCED X	WICOMICO	COUNT	Y			M
	TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A URY NURSI	DDRESS)		ITUTION	170 USUAL OCCUP (TYPE OF WORK FOR MO Homema	ST OF WORKING	IFE) IND	USTRY	F BUSIN	
سنطحاء	AL RESIDENCE (IF NURSI	NG HOME OR OT				7.11.		Tromente	mreT.	1.0	MII I	TOME	7/10
	aryland	Worce	ester	Snow Hi		13d INSIDE C YES 🔀	TY LIMITS?	212 W. Ma			218	363	
II. FA	THER'S NAME	AAII	DDLE	LAST			MAIDEN NA/	ME	c	1.8	LAS		
/	Charles		E.	Tilghmar	1		Lily			Da	vis		
	VAS DECEASED EVER			166. SOCIAL SECUI	RITY NO.	17 INFORMA	NT	AD	DRESS	193			
- {	YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	219 60 19	998M	Madel	yn M. I	Freeman, S	now Hi				
	PART I DEATH W Canditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	AS CAUSED IMMEDIATE which necliate g the last.	DUE TO, OF	ALCHUM SEMACE AS A CONSEQUE	LEADE 1341 NICE OF	204-7		PLANES INAL DISEASE OR C	ONDITION G		4	CLA	DOEATH
CERTIFICATION	PARV. C	UAS-		ITION FOR WHICH				200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE	FINDIN	IGS USE OF DEA	TH?
MEDICAL CERTI	710. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P. 21e PLACE	M. MONTH DA M.	19	211 LOCATION STREET		YES NO			PART 2)	мо [STATE
	22a I certify that (1)	(this hospito d alive an	John Body	19 8		DEGREE	TTENDING PHYSICIAN	MEDICAL SIRECTOR PH	STAFF	aur and fr		that (I) (causes st	

TO FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea

MPORTANT: If He

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation -Burial 23b. DATE 1/3/86

24 FUNERAL DIRECTOR

EARL M. BEARDSLEY, M.D.

Norman F. Dennis, Snow Hill, Maryland

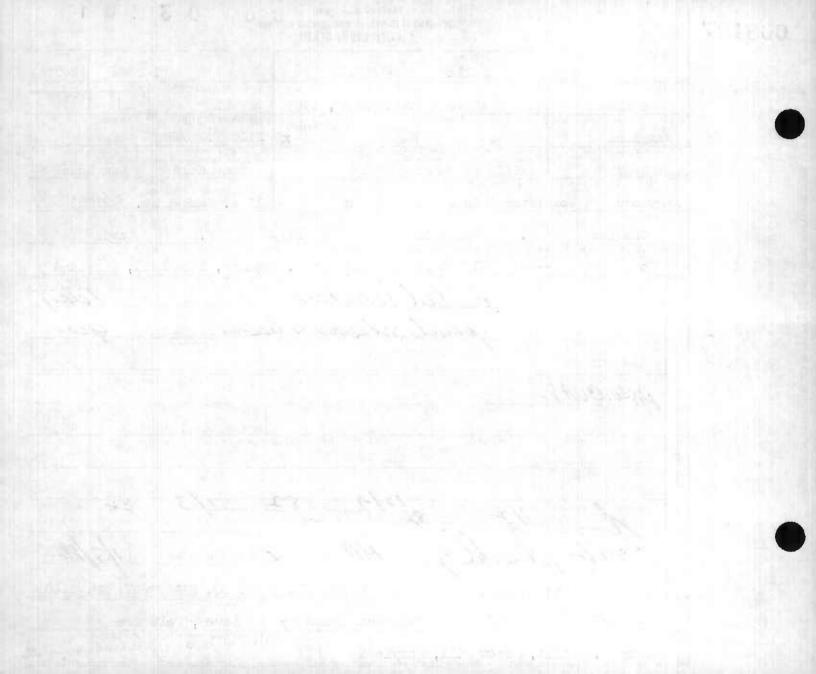
230 NAME OF CEMETERY OR CREMATORY Delmarva Crematory 23d LOCATION

Delaware Lewes,

STATE

250 DAJERRAJDIPY REGIONORIZED RAR'S SIGNATURE Juna Davidson-Pandall

CIVIC AVE, & RT. 50, SALISBURY, MD. 21801



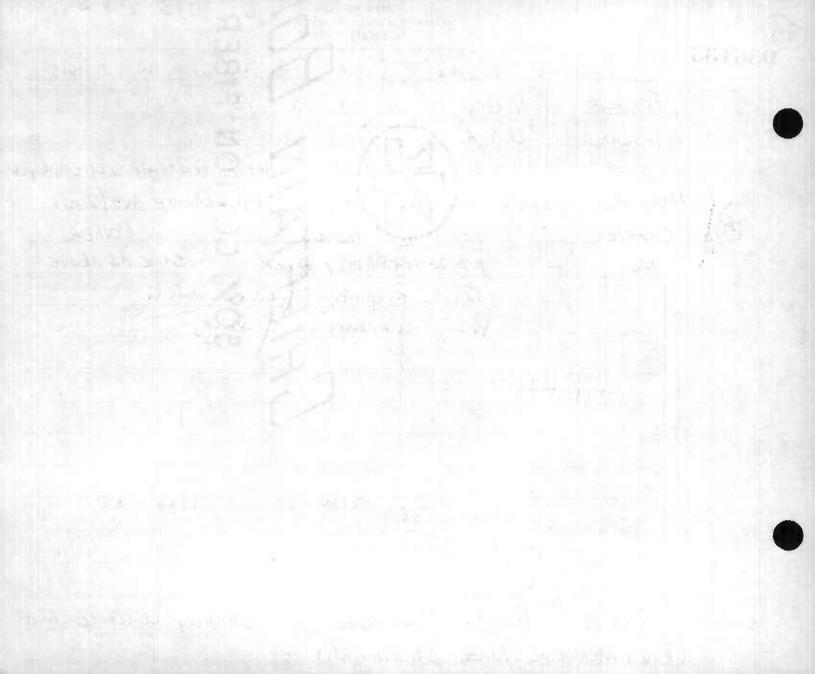
	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
ISTRAR	CERTIFICATE OF DEATH

Holloway Funeral Home, P.A., Salisbury, Maryland

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016137	,1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG	IENE REG. N	10.		
page 3	(TYPE	Y		perine lodd		dd	TO DATE OF DEATH	1 4	86	750 HOUR 750 M	
ge 4 m	Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Salisbury, Marylan 10. CITY OR TOWN OF DEATH SALISBURY			d U.S.A. WIDOWED NIL NAME OF HOSPITAL, NURSING HOME OR OTHER				76		AONINS DATS	HOURS MIN.
deoth. Po						MARRIEI	DEVER MARRIED DEVER DIVORCED	9 BALTIMORE CITY C		MD.	
ors offer							Housewife	OCCUPATION K FOR MOST OF WORKING LIFE) INDU		OF BUSINESS OR	
n 24 hau	13a		13h COUN' Wico	THER INSTITUTION TY PMICO	13c CITY OR TO Salisbu		400	13. STREET ADDRESS Route #6	/ ZIP CODE		21801
ompleten		Franklin		uDDt€	Booth		Rosa	WIDDIE		Grave	enor
be execu		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	417-88		17 INFORMANT Mr. 1012 West S	Jerry T. To	dd (Soi	n) 1995	6
physicid phy		18 CAUSE OF DEATH PART I. DEATH W	HEnter anly AS CAUSED	y one cause per BY CAUSE (o)	tine lar (o), (b), o	and ic	vo Jailu	1		BETWEEN	ONSET AND DEATH
(TENDING PHYSICIAN: The law requires that the death cerspital or attending physician. CIOR: After this certificate has been signed by the attending for use as the burial-transit permit. Then please remove carbo of Health and Mental Hyapiene prior to burial, cremation, ar represented or fem. 8 shows any injury, or ather traumatic exists is marked or fem.		Canditions, if any, which gove rise to immediate cause to, stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
	CERTIFICATION		nal	Ja	lune,	-	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	706 IF YES	, WERE FINDI	NGS USED S OF DEATH?
		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	YES NO	_	ART I OR PART 2)	NO []
	MEDICAL	214 INJURY OCCURR	ILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		220.1 certify that (1) sow the decease				77	d that to (my) (our) opinion of	, ta	ote and hour	and fram the	tho live) lost couses stoted
by the hor ERAL DIRE e detochec Stote Dept		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE									
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store IMPORTANT:		(John G. Bulkeley, M.D. Medical Center , Salisbury, Maryland 21801						21801			
BP		BURIAL, CREMATION, I	REMOVAL	1/8/1			co Memorial P				
DHMH - 16 60M 7/84 (VRA 15, 4)		Holloway F	uneral	Home,	P.A., Sa	lisbury,	Maryland J	AN 1 3 1986	256 REGISTI	RAR'S SIGNAT	TURE

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STATE OF MARYLAND 020225 - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO (TYPE OR PRINT) OF Trader DEATH MATED Edward SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR PRONOUNCED 1086 15 1050 Male Black DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A WIDOWED [MARYLAND DIVORCED CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY eninsula General FOR MOST OF WORKING LIFE) Hospital Salisbury LAGERER ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 10:60m:60 SULSDURY, MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Moeris 594C 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) WWI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Dysrhythmia mins IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave rise to immediate USED AS A BURIAL-TR. OF HEALTH AND MENT. RIAL, CREMATION, OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Peripheral Vascular Occlusive Disease 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BAILTIMORE, MARYLAND, 2 Inspection X Inquiry X 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Undetermined manner Accident Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE 1-11-86 DATE EXAMINER'S NAME Bulkeley. John Salisbury. Maryland 23d LOCATION EINETERY 25M 4. FUNERAL DIRECTOR REC'D BY REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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Hardwell Committee Committ

Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

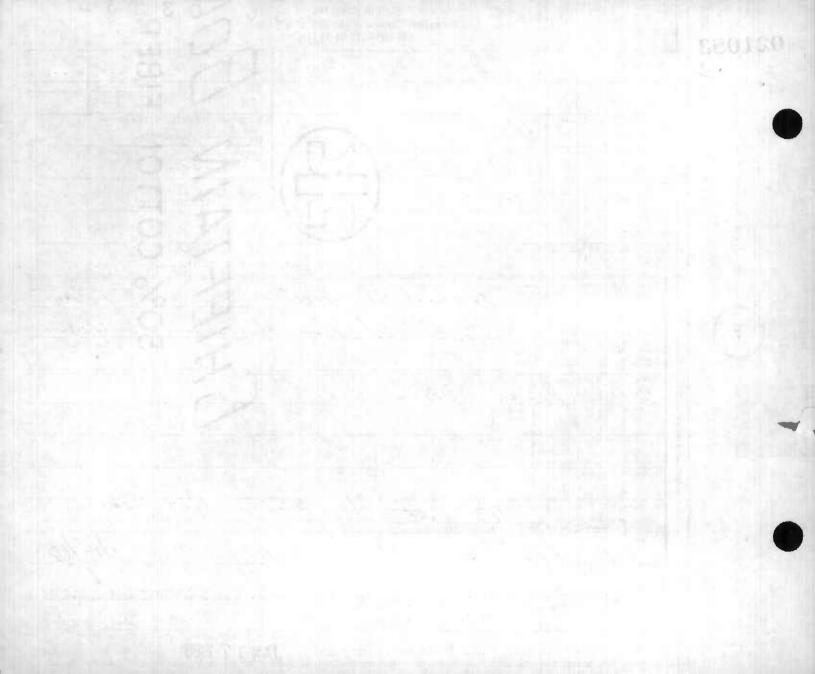
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STATE

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FOR - STATE 017034 REG. NO. ECEASED NAME 20 DATE KNOWN 75 HOUR TYPE OR PRINTS OF ESTI-Andrew Walters 4 RACE 6. AGE (IN YEARS SEX DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 2 DEAD 18 White 1986 10807 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY) USA DIVORCED WIDOWED Wicomico CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS engineer pipe fitter Salisbury Peninsula General Hospital 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS - 21853 Md Somerset fincess Anne Rt. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walters Addie Bedsworth ADDRESS Rt. 3 21853 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) THE YES GIVE WAR OR DATES! 2114-16-4315 Elsie Walters, Princess Anne, Md no 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a)-DUE TO OR AS A CONSEQUENCE OF Conditions, if onv. which Hypertension vears gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NEWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BUR NO T 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY CATHOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTAMORE, MARYLAND, 2 Inspection X Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinian death resulted from Notural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 1-8-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAMI Bulkelev. John M.D. ADDRESS_ Salisbury. Jan.11 COUNTY Md. Oriole Burial Peter's Cemetery Som. 07/B4 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR (256. REGISTRAR'S SIGNATURE ADDRESS Rt. 3. Box 354 Princess Anne, Md. DHMH - 17 (VR A15 ME (5)) erov G. Webster

STATE OF MARYLAND

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STATE OF MARYLAND 036194 DEPARTMENT OF HEALTH AND MENTAPHYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 2h. HOUR Walton Jan. 29, 1986 17:45 4 Bessie 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR Female White May. 18, 1918 67 BIRTHPLACE PARE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Maine U. S. A. Wicomico DIVORCED T WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (Type of work for most of working life)
Seamstress INDUSTRY Peninsula General Hospital Clothing Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Delaware Sussex Delmar RFD #1 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gordon Carson Mvra Johnson 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST No D06-09-7205 Walter F. Walton same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hetastatec Carcinoma ucai DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR YES T 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated phave, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE TIL DATE SIGNED MED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 220. ADDRESS 23a BURIAL CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Lewes Sussex: Delaware STATE 2-1-1986 Cremation Delmarva Crematory 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MH 16 50M 4/82 Marvel-Short Funeral Home Delmar, De. 19940 (VRA 15, 4) ma Davidson Rando Po

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
I DECE	ASED NAME	FIRST AYMON		WARD		AST	20 DATE OF DEATH		6-86	25 HOUR 7:10A M
3 SEX			4 RACE		5 DATE (& AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Male		Whit	е	Jul	y 25, 1907	78	YRS		
	HPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Pen	nsylvania		US		WIDOW	DIVORCED [WICOMIC			MD
10 CITY	OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP	ST OF WORKING L	IFE) INDUSTRY	F BUSINESS OR
SALI	SBURY		SALISBU	RY NURSIN	IG HON	ME	Truck I	river	Pou.	ltry
TTO. STA	RESIDENCE (IF NURS ATE LTyland	136 COUN		Snow Hi	N	136 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRES	SS / ZIP COD	/ 2186 <u>;</u>	3
14. FATH	HER'S NAME	2	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME	E	LAS	ı
	George			Ward		Eli	zabeth		Unknown	
	S DECEASED EVER		MED FORCES?	165. SOCIAL SECU		17 INFORMANT		DRESS		
	No	_		218 01 2	2539	Pamela W. I	McCabe, Sr	low Hil		
18	PART I. DEATH W	H (Enter of	nly one couse per	line far (a), (be, and	dick	1114			BETWEEN	ONSEY AND DEATH
			E CAUSE (a) / WWW. Common Comm							nR.
	Canditions, if any, which gove rise to immediate								1	110
(Canditians, if any, gave rise to imn	which	(b)_C	FILLYNG C	VISIV	varae was	y Wolan	· ·	7	W-
	cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
10	ART 2 OTHER SIGN	UENT ANT I	Ic)	naturalities for	DEATH WIT	NOT RELATED TO THE TERM	AIN AL PUSEASE OF C	ONDITION CO	NEW BY PART 1:	A:
	rdume	6 M	LALANNO	1000	stal	2.	MITTER STORE			
CERTIFICATION	a DATE OF OPERA	TION	16 COND	TION OF WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDING IFYING CAUSES	
2	10. ACCIDENT WAS UND	_	110110		W WEAR	21t HOW INJURY OCCUR			PART I OR PART 2)	
	OR CONTRIBUTING (ALITY CONTRACTOR OF THE PARTY O	M. MONTH DA M.	19	TO THE STATE OF				
\simeq	Id INJURY OCCUR		21e PLACE			711 LOCATION	CITYC	ORTOWN	COUNTY	STATE
	WHILE NOT WH	RK	(AI HOME, SIR	EET, FACTORY, OFFICE, F	ARM EICT			11	-	
2	20 1 certify that (1)				1	12 - 9 19 81	, to	6		that (It (we) lost
	saw the decease obove (ve) (c	ed alive an	riew he body	after death.	60	nd that in (my) (our) opinian	death accurred on th	e date and ho	uı and fram the	causes stated
2	2b. SIGNOUNG	1	1.01	/,		DEGREE ATTENDING	MEDICAL	STAFF	22c DA	SKIPLED
	VIII	11	11/2		/	PHYSICIAN [DIRECTOR PH	SICIAN [1/6	186
4	EARL M. 1).		civic AVE, &	RT. 50, S	SALISBU	RY, MD.	21801
23a BUI	RIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	CITY OR TOW	N	COUNTY	STATE
	Burial		1/9/	86 1	Whatc	oat Methodist	Snow	Hill,	Marylan	d
	PERAL DIRECTOR			ADDRESS		250 041	TE SECO. BY SET	PAR LINGE DE	Masonialist	City Control
	Norman F.	. Den	nis, Sr	OW HILL,	Mary.	Tand Phi	0 1000			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detacked for use as the buriol-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to buriol, it MPORTANI: If them 21 is marked or Item 18 shows any injury, or on

ATTENDING PHYSICIAN: The

STATE OF MARYLAND

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

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The deep of the same of the sa	L DECEASED NA (TYPE OR PRINT)	GLAZ		M.	Whea.	TZEY		TE OF DEATH	1-21	- 86	26. HOUR 00 A M
age 4 mc		male	White		S. DATE OF BIR	30 02	8	-	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	Mary]		USA	VHAT COUNTRY?	WIDOWED X	NEVER MARRIEI DIVORCEI	Wi		OR COUNTY O		MD.
softer of the so	Salist	ury	River	OSPITAL, NURSING FACILITY, GIVE STREET Walk Ma	nor	HER INSTITUTIO	(TYPE OF	UAL OCCUPAT F WORK FOR MOST erk	OF WORKING LIFE)	INDUSTRY	BUSINESS OR Leaning
n 24 hou	130 STATE MD	CE (IF NURSING HOME O	nity chester	13. CITY OF TOW	k 13d 1	NSIDE CITY LIM		EET ADDE S 4 Broa	d Stre	et/21	.643
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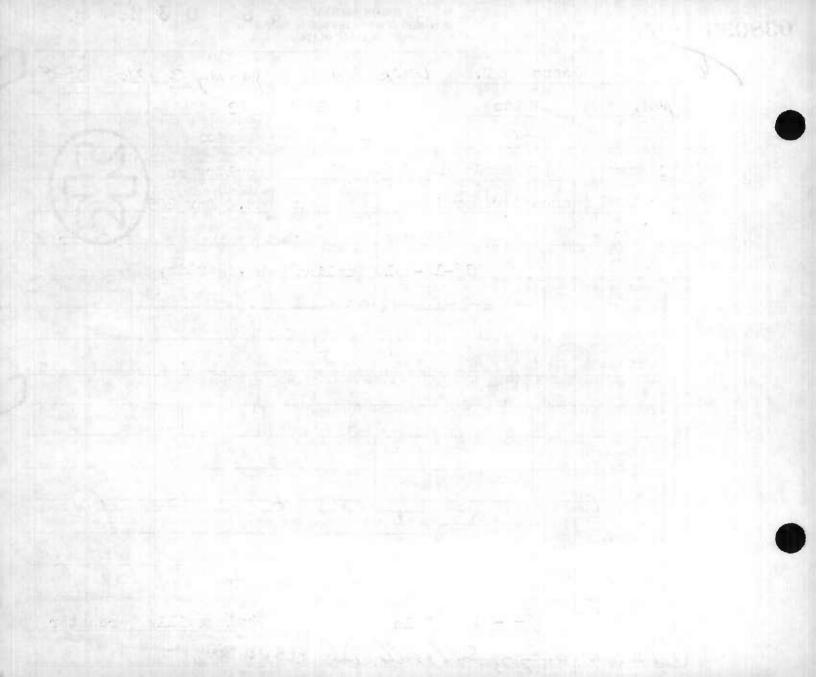
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frec post	3. SE.		4 RACE		DE BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
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eoth P		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIE	D NEVER MARRIED DIVORCED	Wicomico	OF DEATH N
s offer		Lisbury	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula G	STREET ADDRESSI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Poultryman	12b. KIND OF BUSINESS O INDUSTRY
24 hours	13a. S	al RESIDENCE (# NURSING HOME OF TATE 136 COL		RTOWN	134 INSIDE CITY LIMITS? YES NO 🔯	Rt. 4 Box 205	2181
Pa Nithin ba) FA	ATHER'S NAME FIRST Silas	MIDDLE LA	ı lkersoı	15 MOTHER'S MAIDEN NA FIRST Marth	ALDDIE.	last Baker
Poget		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	18-251	Pauline P	abb, Berlin, N	'D
tending physici e carbon pape on, or removal.		PART I. DEATH WAS CAUS	only one couse per line for (o), ED BY: ATE CAUSE (o) DUE TO, OR AS A CON	dispo	e heart	Jeeilund	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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G PHYSI offending er this ce s the burn and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, (OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or CTOR. Afforuse of Joruse of Meolth		22a 1 certify that (1) this has sow the deceased glive a above, (1) we (Idid) (did	pital) attended the deceased in 1 2 in the pital view the body after death.	L . A.		deoth occurred on the date and hour	
by the hod by the best		276 SIGNATURE	orles,	no		MEDICAL STAFF DIRECTOR PHYSICIAN	1 JU 86
TO HOSPITAL retorned by H TO FUNERAL should be det with the State MAPORTANT:		J. A. CO	c (cey us		210 ADDRESS 2 (8 N	owten st,	Saliy bu
Bb 5 € 5 € 3 ₹	23e. 1	BURIAL, CREMATION, REMOVA	23b. DATE 2-2-86	73c NAME OF	CEMETERY OR CREMATORY	23d LOCATION The levenile	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Dale

haleysville Worcester



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHY CENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN X 7h HOUR (TYPE OR PRINT) ESTI-Elizabeth Wilson DEATH MATED Eileen 1986 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 29 56 DEAD 1120 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR Maryland MARRIED NEVER MARRIED U.S. DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Practical Salisbury Peninsula General Hospital Some rset 13d INSIDE CITY EIMITS? 13e STREET ADDRESS Maryland Princess Hampden Ave. Anne YES NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilson Smith John Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. LYES NO OR UNKNOWN Mrs. Betsy Rehshaw, Westover, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? F FORWARDED TO THE STORY PAGE 3 SHOULD BE USED TO PHE STATE DEPARTMENT OF H YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OF TOWN AT WORK AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIT BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Suicide Hamicide Undetermined monner TITLE (SPECIFY) Deputy DATE 1-4-86 EXAMINER'S NAME Bulkeley, M.D. Salisbury, Maryland TYPE OR PRINT 23d LOCATION omerset 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25M REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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that

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CL	KIHICAIL	OI DEATH	REG. N	Ο.		
	CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE	OR PRINT)	orge A.	WINDSOR			(7. 9	86	GA N
I. SE		4 RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST BE	HDAY) II	F UNDER 1 YEAR	IF UNDER 24 HRS
y. DE.	male	white			7,1907	78		ONTHS DAYS	HOURS MIN.
				July 7	,1307		YRS.	OF DE ATU	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	AA.	ARRIED NE	VER MARRIED	9. BALTIMORE CITY C	KCOUNTT	JF DEATH	
	Ma.	U.S.A	WIL	DOWED	DIVORCED [Wicomi			MD
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT			RINSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
	Salisbury		lead Cen		130 - 1	mecha	nic	ca	anning
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMIS	SSION)		. CTOCCT ADDDCCC	/ 310 CODE		
1,00	Md. 13b. COU		TY OR TOWN		IDE CITY LIMITS?	13e STREET ADDRESS 909 Ros	lvn A	ve.	21613
14 F/	THER'S NAME	72.0			HER'S MAIDEN NAM		2		
	George I	Dallas V	Vindsor		Mamie	MIDDLE		Kaiŝ	ser
14. 1	VAS DECEASED EVER IN U.S. AI		OCIAL SECURITY		DRMANT	ADDR	ESS		
	YES, NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES!						em #	13
	No	214	4-07-90	Z/ V11	ginia R	. Windsor	1.0		
	IN CAUSE OF DEATH (Enter of	nly ane cause per line for	(a), (b), and (c).		11 1			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congustive Heart Failure							The Kurun	
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which (16) arteur cleratile Cordio verleular 15- 20 g								= 20 40
	gove rise to immediate								
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.								
	PART 2. OTHER SISNIFICANT	CONDITIONS CONTRIB	UTING TO DEAT	H BUT NOT DE	ATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVE	NI INI DADT 1	10)
Z	PART Z. OTHER SIGNIFICATOR	CONDITIONS CONTRIB	A	I BUT NOT KET	A IED TO THE TERM	INAL DISEASE OR CON	DINON GIVE	MINTAKII	10.
CERTIFICATION	190 DATE OF OPERATION	119h FONDITION F	OR WHICH OPE	PATION WAS I	EDEODASEO	28a AUTOPSY?	Tanh IF YES	WERE FINDI	INGS LISED
FIC	THE DATE OF OPERATION	TYLLEGIADITION	OK WHICH OF E	VALION WAS I	EKTOKMED		IN CERTIFY	ING CAUSES	S OF DEATH?
RT			BV	101.446		YES NO	YES		NO 🗌
	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJU HOUR A.M. M		YEAR ZIC. HC	W INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P,M.		19					
EDI	21d. INJURY OCCURRED	21e PLACE OF IN 3	URY TORY OFFICE FARM E		CATION STREET	CITY OR TO)WN	COUNTY	STATE
2	AT WORK NOT WHILE								
	22a. I certify that (I) (this hasp			1-8	1986	, to/	7	9 86	, that (I) (we) last
	saw the deceased alive at abave, (I) (we) (did) (did no		19 8 G	, and that in	(my) (aur) apinian o	death accurred an the d	ate and haur	and fram the	e causes stated
	22b. SIGNATURE	arr view the bady after a	edin.	DEGREE				22c DATE	ESIGNED
	Eles U	0	. M >		ATTENDING	MEDICAL STA	FF CLANIC		
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	1101	22e. AC	PHYSICIAN DRESS	DIVECTOR T SHIPE	TAIN []		-
	FICA)						01001
	EWA	M. Gok				Center, Sa	isbury	v. Md.	21801
23a. l	BURIAL, CREMATION, REMOVAL				OR CREMATORY	Cambrid	loo D	OLINIY	Md. STATE
	SPECIFIC	1/11/8	DOI	· Memo	rial Pk.	Cambric	ige D	OI.	MCI.

DHMH - 16 50M 4/B3 (VRA 15, 4)

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with the State Dept. of Health and Mental Hygiene prior ta b. MPORTANT: If them 21 is marked at them 18 shaws any injury

TO FUNERAL DIRECTOR: A should be detached for use

74 FUNERAL DIRECTOR
THOMAS FUNERAL HOME CAMBRIDGE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and the first of the section is not to the

Holloway Funeral Home, P.A., Salisbury, Maryland FEB 0.3 1986

(VRA 15, 4)

